

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston(No. Mercy Hosp. St. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Janula Sullivan (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 18, 1922

To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1FATHER: Joseph Cleavel Sullivan MOTHER: (Nobours)(8) FULL NAME Joseph Cleavel Sullivan (14) NAME BEFORE MARRIAGE Christal Nobours(9) PRESENT POSTOFFICE OF FATHER 518 Meeting (15) PRESENT POSTOFFICE OF MOTHER 518 Meeting(10) COLOR OF RACE W (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18(11) BIRTHPLACE Texas (18) BIRTHPLACE Winnabore (19) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

10235

Registration District No. 9ARegistered No. 513
(For use of Local Registrar)(No. Mercy Hosp. St. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Janula Sullivan(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 18, 1922

To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:25 P.M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) W. A. Sullivan (24) Address of Physician or Midwife 206 Anne Bank Bldg

(25) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/29/22 (28) J. Mercier Green M.D. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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