Form No. 1

CERTIFICATE OF BIRTH

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

File No. or State Registrar Only 9887 36

(1) PLACE OF BIRTH
County of Chesterfield
Township of Alligator
or
Inc. Town of .....
or
City of .....
Registration District No. ..... Registered No. .....
(For use of Local Registrar)
(No. ..... 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 Katie Bell Sullivan (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl	(4) Twin or Triplet (Twin or triplet only in event of Twin or Triplet)	(5) Number in order of birth	(6) If Child Illegitimate	(7) Date of Birth (Month of Month)	(Day)	(Year)
Girl		5		Feb	22	23

FATHER

(8) Full Name: R L Sullivan
(9) Present Postoffice of Father: McBee SC
(10) Color or Race: White
(11) Age at Last Birthday: 49 (Years)
(12) Birthplace: SC
(13) Occupation: Farmer
(20) Number of children born to mother, including present birth: 5th

MOTHER

(14) Maiden Name: Bessie Outlaw
(15) Present Postoffice of Mother: McBee SC
(16) Color or Race: White
(17) Age at Last Birthday: 28 (Years)
(18) Birthplace: SC
(19) Occupation: Housework
(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W H Williams
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

(Given name added from a supplemental report)

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) J F Keach
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE FORM for each child. Number them in order of birth, and make a FIRST-BORN, No. 1. THIS OTHER, No. 2, etc. In question 5 answer as to each child, e. g.