

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Greenville
Township of Fairview
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
43007

Registration District No. 2206 Registered No. 103
(For use of Local Registrar)

(2) Full Name of Child _____
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>16</u> <small>Is answered only in case of twins or triplets</small>	(5) Number in order of birth <u>16</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1 11 1915</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Preston Sullivan</u>		(14) NAME BEFORE MARRIAGE <u>Martina Sullivan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fountain Inn S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain Inn S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>47</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>farm hand</u>		(19) OCCUPATION <u>house work</u>		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth <u>12</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:10 A.M. on the date above stated.
(born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. K. Lewis
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Fountain Inn S.C.

Given name added from a supplemental report 191..... Registrar	(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>Dec 10 1916</u> (28) <u>4732</u> <u>1016</u> Local Registrar
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*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.