

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.
 Mo. Law of Columbia

(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)
 St.: _____ Ward _____

(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>No</u> <small>to be 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>(Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Preston Sullivan</u>		(14) NAME BEFORE MARRIAGE OF MOTHER <u>Martha 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>	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farm hand</u>	(19) OCCUPATION <u>House work</u>	(21) Number of children of this mother now living, including present birth <u>12</u>	
(20) Number of children born to mother, 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 2:30 A.M. on the date above stated.
(born live 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>A. K. Lewis</u> 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.