

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Williamston

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

No. for this registration

2768

Registration District No. 9 CRegistered No. 26
(For use of Local Registrar)(2) Full Name of Child Bessie Sullivan

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

3) SEX-ONLY Girl 4) Type or Virgin 5) Number in order of birth 6) Age 3 7) DATE OF BIRTH Feb 6 1923
(Name of Month) (Day) (Year)

FATHER
FULL NAME Brown WilliamsPRESENT POST OFFICE OF FATHER Wares school16) COLOR Negro 17) AGE AT LAST BIRTHDAY 24
(Year)18) BIRTHPLACE Williamston19) OCCUPATION Waiter and Cook20) Number of children born to mother, including present birth 1

MOTHER

14) NAME BEFORE MARRIAGE Opella Sullivan15) PRESENT POST OFFICE OF MOTHER Williamston16) COLOR Negro 17) AGE AT LAST BIRTHDAY 18
(Year)18) BIRTHPLACE Greenville Co19) OCCUPATION Housewife20) Number of children of this mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Date of birth) (Hour A. M. or P. M.)(23) One being called in (Signature of Physician or Midwife) Address of Physician or Midwife

Given name added from a supplemental report

Name W. T. Lawler M.D.Address WilliamstonWhen they were born, the child was born (Signature of Physician or Midwife)If a child was born, the child was born (Signature of Physician or Midwife)When they were born, the child was born (Signature of Physician or Midwife)If a child was born, the child was born (Signature of Physician or Midwife)