

## (1) PLACE OF BIRTH

County of PickensTownship of Eastleyor  
Inc. Town ofor  
City of Eastley

(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

36079

Registration District No. 3702 Registered No. 77

(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? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13 1912

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Walter Sullivan(9) PRESENT POSTOFFICE OF FATHER Pickens Co. Route 4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Essie Baywell(15) PRESENT POSTOFFICE OF MOTHER Pickens Co. Route 4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Pickens Co. S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife Eastley S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Nov. 4, 1912 (28) W. B. Thomas 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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