

(1) PLACE OF BIRTH

County of

Township of

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

48891

Registration District No. 1803

Registered No. T. H. H.

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Marshall Sullivan

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Jan 2, 1916

FATHER.

(8) FULL NAME

M. Sullivan

(9) PRESENT POSTOFFICE OF FATHER

Clark's Hill

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Clark's Hill

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Home wife

(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 alive at 5- P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Clark's Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 10, 1916

(28)

T. C. Miller

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw, of Columbia.