

FORM NO. 2.

## (1) PLACE OF BIRTH

County of UnionTownship of Unionor  
Inc. Town of Unionor  
City of Union

(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

66505

Registered No. 25

(For use of Local Registrar)

St.: Union Ward:(2) Full Name of Child Theresa Anna Sullivan

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH June 2, 1904  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Charles Sullivan(9) PRESENT POSTOFFICE OF FATHER Cross Anchor(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Theresa Doggins(15) PRESENT POSTOFFICE OF MOTHER Cross Anchor(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Former Wife(21) Number of children of this mother now living, 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 at Union S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Sullivan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Cross Anchor

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

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(29) Dr. M. S. Sullivan 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.

MARGIN RESERVED FOR BINDING. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

McCoy of Columbia