

(1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of  
or  
City of Greenville

(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

43-11

Registration District No. 2 A Registered No. 58

(For use of Local Registrar)

St.; 5th Ward

(2) Full Name of Child Janie Bell Sullivan

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 19 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mattie Hays Sullivan

(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29  
(Years)

(12) BIRTHPLACE Greenville Co. S. C.

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Campbell

(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34  
(Years)

(18) BIRTHPLACE Abbeville S. C.

(19) OCCUPATION House-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 alive at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William L. Mauldin

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

Given name added from a supplemental report

Registrar

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

(27) Filed Feb 25 1916 (28) Clayton H. ... 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.

fifth month of pregnancy.

THIS FORM IS PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. IT IS PRINTED IN A MEDIUM WHICH IS NOT REPRODUCIBLE. IN CASE OF TWINS OR TRIPLETS USE A SUPPLEMENTARY BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 5.