

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

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

4-11

Registration District No. 2 A Registered No. 58

(For use of Local Registrar)

(No. 113 Anderson 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?

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb, 19, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Hayne 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 Camp bell(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 10:25 A. M. on the date above stated. (Barn 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

(26) Witness

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

(27) Filed Feb 25, 1916

(28)

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.

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.

NEW YORK: Columbia University Press, 1916.