

(1) PLACE OF BIRTH
County of Anderson
Township of Fork
or
Inc. Town of
or
City of (No.)
(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
47398

Registration District No. 305 Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child. Gladis Irene Sullivan { If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? ☒ (4) Twin or Triplet? ☒ (5) Number in order of birth 8 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Feb. 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Sullivan
(9) PRESENT POSTOFFICE OF FATHER Townville S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth { 8

MOTHER.

(15) NAME BEFORE MARRIAGE Sullivan
(16) PRESENT POSTOFFICE OF MOTHER Townville S.C.
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 35
(19) BIRTHPLACE S.C.
(20) OCCUPATION Housewife
(21) 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 live at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

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

Physician Fair Play S.C.

Given name added from a supplemental report

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

(27) Filed March 9, 1916 (28) [Signature] 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.

McGraw-Hill Publishing Co., Inc. 1221 Avenue of the Americas, New York, N. Y. — In case of TWINS OR TRIPLETS use a SEPARATE BLANK CARD FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 2.