

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Anderson

(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

28690

Registration District No. 3ARegistered No. 332
(For use of Local Registrar)

(2) Full Name of Child

Norold V. Sullivan Jr.

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Norold V. Sullivan

(9) PRESENT POSTOFFICE OF FATHER

Anderson, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Book-keeper

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah M. Fall

(15) PRESENT POSTOFFICE OF MOTHER

Anderson, S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

(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 8:40 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ooga V. Pruitt

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Anderson, S.C.

Given name added from a supplemental report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

Sept. 29, 1922

(28)

ANDERSON, S.C.19
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.

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