

Form No 1.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Cashier

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. For State Registrar Only  
77260

Inc. Town of ..... Registration District No. 2206 Registered No. 106  
(For use of Local Registrar)  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frederick S. Sularvan } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 25 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME F. S. Sularvan  
(9) PRESENT POSTOFFICE OF FATHER Simpsonville  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Mrs. S. Sularvan  
(15) PRESENT POSTOFFICE OF MOTHER Simpsonville  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housekeeping  
(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 Alive at ..... M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. L. Buchanan, M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report  
..... 191.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct. 10 1916 (28) J. B. Duckett 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.  
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