

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

File No.—For State Registrar Only
65117

(1) PLACE OF BIRTH

County of Lantern
 Township of Sullivan
 or
 Inc. Town of

Registration District No. 2906 Registered No. 55
 (For use of Local Registrar)

City of Baldin (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 Lee Sullivan { 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? No (7) DATE OF BIRTH June 6 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Sullivan
 (9) PRESENT POSTOFFICE OF FATHER Princeton S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Princeton S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Boldin
 (15) PRESENT POSTOFFICE OF MOTHER Gray Court #4 S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Memphis S.C.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:15 P.M. on the date above stated. (Born alive stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. G. G. G. G.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Court #4 S.C.

Given name added from a supplemental report

(26) Witness R. F. Nash (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 1916 (28) Lee S. Sullivan 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.

N. B.—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.