

WRITE PLAINLY. WITH INK. DO NOT WRITE IN PENCIL. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, GIVE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN NO. 1, THE OTHER NO. 2, ETC., IN QUESTION 2.

MARGIN RESERVED FOR BINDING.

NAME OF COLUMN: Column 1

(1) PLACE OF BIRTH

County of Anderson
Township of Carter
or
Inc. Town of

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

File No.—For State Registrar Only

3031

Registration District No. 304 Registered No. 20
(For use of Local Registrar)

City of Rocky Hill 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 Rodger Sullivan (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28, 1922
(Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Idell Strip
8. FULL NAME Spurgeon Sullivan (15) PRESENT POSTOFFICE OF FATHER Starr, S.C.
9. PRESENT POSTOFFICE OF FATHER Starr S.C. (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21
10. COLOR OR RACE colored (18) BIRTHPLACE Anderson Co. S.C.
12. BIRTHPLACE Anderson Co. S.C. (19) OCCUPATION Farming
13. OCCUPATION Farming
20. Number of children born to mother, including present birth 1
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 7 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Albema Gurnea
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Starr, S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)
(27) Filed Feb. 28, 1922 (28) S. M. McAdams 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.