

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(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

27763

Registration District No. 1205

Registered No. 64  
(For use of Local Registrar)

## (2) Full Name of Child

Thos. Sullivan

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 Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

July 5, 1902  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hampton Sullivan

(9) PRESENT POSTOFFICE OF FATHER

Lynch &amp; C. 942

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

3

(12) BIRTHPLACE

(13) OCCUPATION

Farmer

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

1

## MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Hammond

(16) PRESENT POSTOFFICE OF MOTHER

Lynch &amp; C. 942

(18) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18

(19) BIRTHPLACE

(20) OCCUPATION

House work

(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 on the date above stated.

Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28) Local Registrar

When there was no physician or midwife at the birth, then the father, householder, etc., should make this return. If a child is born dead, it may be reported as stillborn. No report is desired of stillbirths before the full month of pregnancy.