

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.

DEPT. OF COLUMBIA, COLUMBIA, D. C.

## (1) PLACE OF BIRTH

County of LaurensTownship of Sullivan

OR

Inc. Town of Wt. #4

OR

City of Gray Court

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Sordy Lee Sullivan

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 11<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Thomas Sullivan(9) PRESENT POSTOFFICE OF FATHER Gray Court #4 S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Laurens S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Rhoda Dellingham(15) PRESENT POSTOFFICE OF MOTHER Gray Court #4 S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Laurens S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Donnan(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Ware Shoals S.C.

Given name added from a supplemental report

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

(27) Filed Oct 30 1922 M. L. 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
35274

Registration District No. 2906Registered No. 66  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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