

(1) PLACE OF BIRTH

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

No. for State Registrar Only
5654

County of Adrian

Township of Adrian

or Town of Marbleville

or City of

Registration District No. 204

Registered No. 18
 (For use of Local Registrar)

(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 Consuelo L. Lewis Sullivan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y (4) Twin or Triplet - (5) Number in order of birth - (6) Age Parents Married 7 (7) DATE OF BIRTH Mar 11 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME R. L. Sullivan
 (9) PRESENT POSTOFFICE OF FATHER Marionville SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE IL
 (13) OCCUPATION mill operator
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lydia Woodard
 (15) PRESENT POSTOFFICE OF MOTHER Marionville SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE IL
 (19) OCCUPATION House Wif
 (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 8 P.M. on the date above stated.
 (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) S. A. Manuel
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marionville SC

Given name added from a supplemental report

(26) Witness Marionville SC
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 11 1923 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.

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