

OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Register Only
35044

Charleston
Registration District No. **9.A** Registration No. **1000**
(No. **Robert Hood**)
Birth occurs in a hospital or other institution, give name of same (instead of street and number.)
Name of Child **James Sumter Sullivan** If child is not yet named, make supplemental report as directed

(4) Twin or Triplet ☒ (5) Number in order of birth **4** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Nov 30 1923**
(Date of Month (Day) (Year))

FATHER
Robbie Leroy Sullivan
47 King St.
Charleston SC

(11) AGE AT LAST BIRTHDAY **26**
White (Years)
SC

CHILDREN BORN TO
Living present birth **4**
R.R. Wain

MOTHER
(14) NAME BEFORE MARRIAGE **Donie Bayard**

(15) PRESENT POSTOFFICE OF MOTHER **47 King St. Charleston, SC**

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **26** (Years)

(18) BIRTHPLACE **Orangeburg SC**

(19) OCCUPATION **Housewife**

(21) Number of children of this mother now living, including present birth **4**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

certify that I attended the birth of this child, who was **130 A**
on date above stated, (Born alive or stillborn) (Near A. M. or P. M.)

(22) (Signature) **Living Henderson**

(23) State whether Physician or Midwife (24) Address of Physician or Midwife **Robert Hood - SC**

Added from a supplemental report

No. **100**
Date **12/5**

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

(27) Filed **12/5 1923** (28) **McLean**

If there was no attending physician or midwife, then the father, householders, etc., should make this report. If the child breathes even once, it must not be reported as stillborn. No report is desired or attention paid until the fifth month of pregnancy.

OF SOUTH CAROLINA)

CITY OF CHARLESTON)

PERSONALLY appeared before me, Emma C. Feghally, a Notary Public of South Carolina, Mr. Robert L. Gilliam, who being duly sworn says and deposes that he is the father of James Sumter Gilliam, who was born in the City of Charleston, S.C. on Nov. 30th, 1923; that the birth was duly recorded by J. McDonald, who attended his wife, but that the original record is incorrect and that the information as given on the attached Return of Birth is true and correct.

Robert L. Gilliam
Father.

to before me this

day of Sept. A.D. 1930

Emma C. Feghally
Notary Public, S.C.

Registrar

(197) Filed 23 1930

James Sumter Gilliam

There was no attending physician or midwife, then the father, householder, etc., should make this report and breathe even once, it must not be reported as stillborn. No report is desired of stillbirth within month of pregnancy.

1. PLACE OF BIRTH
County of CHARLESTON
Township of WATER
or
City of Charleston, S.C.

Standard Certificate of Birth
STATE OF SOUTH-CAROLINA
Bureau of Vital Statistics
State House of Representatives
Registration District No. _____ Registered No. _____

FILE NO. 35044

City of Charleston, S.C. Reyer Hospital

2. FULL NAME OF CHILD JAMES SUMNER GILLAN

3. Sex or Child Boy 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legit. Yes 8. Date of Birth Nov. 29th, 1923
9. Month and year _____

10. Full name Robert Lenox GILLAN FATHER 11. Full name Catherine Shelladene CARRICE MOTHER

12. Residence (usual place of abode) 47 Line St., City 13. Residence (usual place of abode) 47 Line St., City

14. Color or race White 15. Age at last birthday 26 16. Color or race White 17. Age at last birthday 26

18. Birthplace (city or place) Orangeburg Co., S.C. 19. Birthplace (city or place) Orangeburg Co., S.C.

20. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Labored 21. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

22. Industry or business in which work was done, as silk mill, sawmill, bank, etc. B. R. 23. Industry or business in which work was done, as silk mill, lawyer's office, etc. _____

24. Date (month and year) last engaged in this work _____ 25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____ 27. Total time (years) spent in this work _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months _____ weeks 30. Cause of stillbirth _____

31. I hereby certify that I attended the birth of this child, who was born alive at 12:00 P.M. on Nov. 29th, 1923

(Signed) R. MacDonald M.D.

Address J. E. G. Co., S.C.

Filed Sept. 19, 1924

When there was no attending physician or midwife, then the father, householder, etc., should make this report.

Given name added from a supplemental report _____

CORRECTED & FILED