

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Richland
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17603

Registration District No. 402 Registered No. 37
 (For use of Local Registrar)

City of (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 Geo. Sullivan {If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH 6 17, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8 FULL NAME Geo. I. P. P. P.
 9 PRESENT POSTOFFICE OF FATHER Branchville S.C.
 10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 12 BIRTHPLACE Barnwell S.C.
 13 OCCUPATION Domestic
 20 Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Ernie Mc Cormack
 (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Barnwell S.C.
 (19) OCCUPATION Domestic
 (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 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ann Stokes
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Branchville 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 6/19/22 (28) Ann Stokes Local Registrar.

*If 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.