

(1) PLACE OF BIRTH

County of
 Township of
 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

32262

Registration District No. H002B Registered No. 52
 (For use of Local Registrar)

(2) Full Name of Child Mary H. Sullivan (No. O'Sullivan St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL 1 (4) Twin or Triplet? To be answered only in event of Twin or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 25 22
 (Name of Month) (Day) (Year)

FATHER O'Sullivan
 (8) FULL NAME Mary H. Sullivan
 (9) PRESENT POSTOFFICE OF FATHER Apex S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 49 (Year)
 (12) BIRTHPLACE W.C.
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 11

MOTHER
 (14) NAME BEFORE MARRIAGE Della Cunningham
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee St.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Mary H. Sullivan at 430 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) W. W. Partridge
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cherokee St.

Given name added from a supplemental report
L. A. H. Sullivan M.D.
10/11/43 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed act 19 43 (28) W. W. Partridge 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.