

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 1.

(1) PLACE OF BIRTH

County of Kershaw
 Township of 1.7
 Inc. Town of RT. 1.7
 City of RT. 1.7

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

File No.—For State Registrar Only
4310

Registration District No. 2.2.1 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

John Henry Sanders

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

(3) MALE (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 2/19/29
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Sanders
 (9) PRESENT POSTOFFICE OF FATHER Blowing Rock
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Kershaw Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE John Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Blowing Rock
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Kershaw Co.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 1
 (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 born alive at 11 P.M. on the date above stated. (Hour M. or P. M.)

(23) (Signature) John Sanders (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blowing Rock

Given name added from a supplemental report

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

(27) Filed Feb 28 19 29 (28) John H. Sanders 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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