CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
44881

(1) PLACE OF BIRTH

County of Lancaster

Township of Fish Dam

Registration District No. 4203 Registered No. 47 (For use of Local Reistrar)

or Inc. Town of ..... St.; ..... Ward)

or City of ..... (No. ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Herman Sartor

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth 2 (To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 4 1912 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James H Sartor

(9) PRESENT POSTOFFICE OF FATHER Carlisle

(10) COLOR OR RACE Blk

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary H Hancock

(15) PRESENT POSTOFFICE OF MOTHER Carlisle

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.0 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha Connor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Dec 11 1912 (28) B H Jones 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.

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw.

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