

MADE BY THE STATE OF SOUTH CAROLINA

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
FURNISHED TO THE REGISTRAR BY THE REGISTRAR OR THE REGISTRAR'S
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Curry
Township of Dials
or
Inc. Town of
or
City of

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

Registration District No. 2901

File No.—For State Registrar Only

39095

Registered No. 98
(For use of Local Registrar)

(2) Full Name of Child John Henry C. Sanders
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Sanders
(9) PRESENT POSTOFFICE OF FATHER Cumings SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 48
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER.
(14) NAME BEFORE MARRIAGE Beaulah Sanders
(15) PRESENT POSTOFFICE OF MOTHER Cumings SC
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Savanna Madden
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gray Court SC

Given name added from a supplemental report
(26) Witness
(27) Filed Dec 5 1922 (28) H. C. Mahon 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.