

## (1) PLACE OF BIRTH

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

File No. — For State Registrar Only  
**43368**

County of Lynchburg  
 Township of Lynchburg  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

Registration District No. 3001 Registered No. 168  
 (For use of Local Registrar)

(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 Sarah Andrews

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 4, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Andrews  
 (9) PRESENT POSTOFFICE OF FATHER Warysville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
 (Years)  
 (12) BIRTHPLACE Sumter Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Estell Gagan  
 (15) PRESENT POSTOFFICE OF MOTHER Warysville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31  
 (Years)  
 (18) BIRTHPLACE Sumter Co. S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 1 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Mack

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Philola S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 10/15

1922

(28)

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.