

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, of Columbia

(1) PLACE OF BIRTH

County of Richland Co

Township of

or Inc. Town of

City of Columbia SC

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31901

Registration District No. 38 Registered No. 1688

(For use of Local Registrar)

St. Four Ward

(2) Full Name of Child Ben Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 1922

FATHER.		MOTHER	
(8) FULL NAME <u>Ben Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Lynette</u>	(9) PRESENT POSTOFFICE OF FATHER <u>15 Rail Road</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>15 Rail Road</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Columbia SC</u>	(18) BIRTHPLACE <u>Columbia SC</u>	(13) OCCUPATION <u>day labor</u>	(19) OCCUPATION <u>Wash Woman</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Lane

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1419 W. 4th St

Given name added from a supplemental report

Ben Sanders
Registrar

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

(27) Filed 9/29/22 (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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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