

Form No. 1

## (1) PLACE OF BIRTH

County of *Orange*Township of *Lee*

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. *3617*

File No. — For State Registrar Only

42267

Registered No. *110*  
(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 *Norwood Oneal Sanford*

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

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? *yes*(7) DATE OF BIRTH  
(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

(11) AGE AT LAST BIRTHDAY

13. OCCUPATION

20. Number of children born to mother, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) *at* *11* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Mattie Neese*(24) State whether Physician or Midwife *mid wife*(25) Address of Physician or Midwife *Neese St.*

Given name added from a supplemental report

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

(27) Filed *Jan 10 1924* (28) *J. A. P. Neese* 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.