

Form No. 1

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Red Bluff  
 or  
 Inc. Town of Tatum  
 or  
 City of SC

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39413

Registration District No. 3305Registered No. 150  
(For use of Local Registrar)

## (2) Full Name of Child

Arthur Matthew Sanders

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (child is not yet named, make supplemental report as directed)

(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 Nov 13 22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Arthur Matthew Sanders  
 (9) PRESENT POSTOFFICE OF FATHER Tatum SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Chatham Co NC  
 (13) OCCUPATION Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE Leola Lore  
 (15) PRESENT POSTOFFICE OF MOTHER Tatum SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Marlboro SC  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 3

(20) Number of children born to mother, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rosa McInture  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCall SC

Given name added from a supplemental report:

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

(27) Filed Dec 9 1922 (28) J. H. Matthews Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

RECEIVED BY COLUMN, COLUMBIA, S. C.  
 N. B.—In case of giving out this certificate, please return it to the State Board of Health, Columbia, S. C.