

Form No. 1.

(1) PLACE OF BIRTH

County of Florence
Township of ...

or
Inc. Town of ...
or
City of ...

(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

18595

Registration District No. 2005

Registered No. 35

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child.

Josephine Sander

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 7

(6) Are Parents Married? Yes

(7) DATE

BIRTH June 17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lawrence Sander

(9) PRESENT POSTOFFICE OF FATHER

Route 1 Box 54 Florence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Housewife

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Millie Sander

(15) PRESENT POSTOFFICE OF MOTHER

Route 1 Box 54 Florence S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Florence S.C.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Midwife R. R. R.

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

Lawrence Sander

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

(27) Filed

J. C. C. C. C.

*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.