

1. PLACE OF BIRTH

Lexington,
Gilbert Hollow

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

For State Registrar Only
11185

2. SEX OF CHILD

Registration District No. **8107** Registered No. **81**
(If use of Local Registrar)

3. NAME OF CHILD (If name of same instead of street and number.)

None of Child **Noah Sanderburg**

Boy

6. Are Parents Married? **Yes** 7. DATE OF BIRTH **Jan 11, 23**
(Month) (Day) (Year)

FATHER

B.F. Fenderburgh,

MOTHER

Mattie Bryan

8. PRESENT RESIDENCE OF FATHER **Samaria, S.C.**

14. NAME BEFORE MARRIAGE **Mattie Bryan**

15. PRESENT RESIDENCE OF MOTHER **Samaria, S.C.**

9. COLOR OR RACE **White,** (11) AGE AT LAST BIRTHDAY **65** (Years)

(12) COLOR OR RACE **White,** (17) AGE AT LAST BIRTHDAY **35** (Years)

10. BIRTHPLACE **S.C.**

(18) BIRTHPLACE **S.C.**

11. OCCUPATION **Farmer,**

(19) OCCUPATION **Domestic,**

12. Number of children born to mother, including present birth **8**

(21) Number of children of this mother now living, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **4:30** P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Jan. Crosson,**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Leesville, S.C.**

Given name added from a supplemental report

Janis Fairley
July 12, 1923
Registrar

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

(27) Filed **10** (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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in 4.