

Form No. 1

## (1) PLACE OF BIRTH

County of MarlboroTownship of Hebron

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4603

Registration District No. 3544 Registered No. 22  
(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 Doris Sanders

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE

BIRTH Feb 26, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Julius Sanders

(9) PRESENT POSTOFFICE OF FATHER

Chio. S. C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

28  
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dora Jones

(15) PRESENT POSTOFFICE OF MOTHER

Chio. S. C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Laborer

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

1 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Isabella Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Date March 6, 1923(28) W. H. Woodley

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.

WRITE PLAINLY. WITH SPACING. THIS IS A PERMANENT RECORD. USE OF TYPE OR TYPEWRITER IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 2, State of Columbia, Columbia, S. C.