

Form No. 1

PLACE OF BIRTH

City of Cheraw, S.C.

County of Robt. Lee

or

City 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

41728

Registration District No. 208 Registered No.
(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.)

Full Name of Child John Wesley Saunders { If child is not yet named, make supplemental report as directed

1. SEX OR GENDER Male 4. Twin or Triplet? ✓ 5. Number in order of birth 2 6. Are Parents Married? Yes 7. DATE OF BIRTH Nov 6, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE (11) AGE AT LAST BIRTHDAY

12. BIRTHPLACE (Years)

13. OCCUPATION

14. Number of children born to father, including present birth

MOTHER.

14. NAME BEFORE MARRIAGE Oellie Saunders

15. PRESENT POSTOFFICE OF MOTHER Cheraw, R. 3.

16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 19

18. BIRTHPLACE Marlboro Co. S.C. (Years)

19. OCCUPATION Farm & house work

20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Vinny Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cheraw, R. 2

Give name added from a supplemental report

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

(27) Filed 19 (28) D. A. Matheson

Local Registrar.

If 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.