

222 No. 3

PLACE OF BIRTH
City of Cheraw, S.C.
Township of Lee Ave.
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

4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Nov 6, 1922
(Name of Month) (Day) (Year)

FATHER.
FULL NAME
PRESENT POSTOFFICE OF FATHER
COLOR OR RACE (11) AGE AT LAST BIRTHDAY
BIRTHPLACE
OCCUPATION
Number of children born to father, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE Dellie Saunders
(15) PRESENT POSTOFFICE OF MOTHER Cheraw, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE Marlboro Co. S.C.
(19) OCCUPATION Farm & house work
(21) 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 Midwife (25) Address of Physician or Midwife Cheraw, S.C.

Give name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 18 (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.