

THIS IS A PRELIMINARY RECORD. WHITE PLAIN, WITH UNFADING INK—FILL IN A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4240	
Township of <u>Colleton</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2105</u>		Registered No. <u>21</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Lennie Sanders</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22, 1922</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Charlie Sanders</u>		(14) NAME BEFORE MARRIAGE <u>Victoria Tomkins</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Hessingway</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hessingway S.C.</u>			
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>44</u>		(17) AGE AT LAST BIRTHDAY <u>44</u>	
(12) BIRTHPLACE <u>Williamsburg Co.</u>		(18) BIRTHPLACE <u>Horry Co. S.C.</u>			
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>P. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. M. Marsh</u>		(25) Address of Physician or Midwife <u>Hessingway S.C.</u>			
(24) State whether Physician or Midwife <u>Midwife</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>Mar 4, 1922</u> (28) <u>J. L. McCracken</u> 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.