

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

(1) PLACE OF BIRTH
CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Charleston
 Township of St. James
 Inc. Town of Beaufort
 City of Beaufort (No. 406 St. 7 Ward 7)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. - For State Registrar Only
27560

(2) Full Name of Child Patsy Sanders (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26, 1923
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Wm Sanders</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Beaufort</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Beaufort, S.C.</u>	(18) OCCUPATION <u>May Baker</u>	(13) BIRTHPLACE <u>Beaufort, S.C.</u>	(19) OCCUPATION <u>May Baker</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lydia Christian
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report
 (26) Witness Wm Sanders (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 6, 1923 (28) Wm Sanders 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.