

(1) PLACE OF BIRTH

County of ChesterTownship of Barton Rangeor
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Willie Land

| | | | | |
|-------------------------------|-----------------------------------|--|--|---|
| (1) BOY OR GIRL <u>Boy</u> | (2) Twin or Triplet? <u>No</u> | (3) Number in order of birth <u>1</u> | (4) Are Parents Married? <u>Yes</u> | (5) DATE OF BIRTH <u>Jan 21 1922</u> |
|-------------------------------|-----------------------------------|--|--|---|

| | | | |
|---|--|--|--|
| FATHER. | | MOTHER. | |
| (6) FULL NAME <u>Jim Sanders</u> | (7) NAME BEFORE MARRIAGE <u>Leeds</u> | (8) PRESENT POSTOFFICE OF FATHER <u>Leeds #1 S.C.</u> | (9) PRESENT POSTOFFICE OF MOTHER <u>Leeds #1 S.C.</u> |
| (10) COLOR OR RACE <u>col.</u> | (11) AGE AT LAST BIRTHDAY <u>18</u> | (12) COLOR OR RACE <u>col.</u> | (13) AGE AT LAST BIRTHDAY <u>12</u> |
| (14) BIRTHPLACE <u>Chester Co.</u> | (15) BIRTHPLACE <u>Chester Co.</u> | (16) OCCUPATION <u>Farming</u> | (17) OCCUPATION <u>Farm hand</u> |
| (18) Number of children born to mother, including present birth <u>1</u> | (19) 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 Leeds, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

| | | |
|--|---|---|
| (23) (Signature) <u>Rachel Peak</u> | (24) State whether Physician or Midwife <u>midwife</u> | (25) Address of Physician or Midwife <u>Leeds, S.C. #1</u> |
|--|---|---|

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| Given name added from a supplemental report <u>121</u> | (26) Witness <u>W. B. R. R.</u> | (27) Filed <u>Feb 13 1922</u> | (28) <u>A. A. Cornwall</u> Local Registrar |
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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.

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