

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar only  
16476Registration District No. 38a Registered No. 1399  
(For use of Local Registrar)(2) Full Name of Child George H. Sanders If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 11 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George H. Sanders(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Blithwood S.C.(13) OCCUPATION Rail Road man.(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Manie Williams(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife 1507 Huger St.

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

Given name added from a supplemental report

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Registrar

(26) Witness Louise Wallace  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 6-10-22 (28) E. C. Mc  
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.

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