

(1) PLACE OF BIRTH

County of NewberryTownship of 7thor
Inc. Town ofor
City of(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Samuel Sanders If child is not yet named, make supplemental report as directed(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Oct 18 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Blanch Miller</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Kinard SP</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kinard SC</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Newberry Co</u>	(18) BIRTHPLACE <u>Newberry Co</u>	(19) OCCUPATION <u>Farming</u>	(21) Number of children of this mother now living, including present birth <u>7</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, 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 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miller Duncan
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Newberry SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 18 1922 (28) H. P. Miller 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.

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 5.