

(1) PLACE OF BIRTH

County of Sanborn

Township of Sanborn

Inc. Town of Sanborn

City of Sanborn

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 410

File No. — For State Registrar Only

17328

Registered No. 437  
(For use of Local Registrar)

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

(2) Full Name of Child

3. BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE

12. BIRTHPLACE

13. OCCUPATION

(11) AGE AT LAST BIRTHDAY

(Year)

MOTHER.

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

18. BIRTHPLACE

19. OCCUPATION

(17) AGE AT LAST BIRTHDAY

(Year)

20. Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 3, 1923

(28) A. M. Kinsley 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