

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 1.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Berkeley Co  
Township of St. James  
or  
Inc. Town of .....

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

No. 31873

Registration District No. 100 Registered No. ....  
(For use of Local Registrar)

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 Rhoda 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 Nov 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Rhoda Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Lucie Pringle</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Branchville</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Ridgelyville</u>
(12) COLOR OR RACE <u>Cord</u>	(18) AGE AT LAST BIRTHDAY <u>25</u>	(12) COLOR OR RACE <u>Cord</u>	(18) AGE AT LAST BIRTHDAY <u>24</u>
(14) BIRTHPLACE <u>Orangeburg Co</u>	(16) BIRTHPLACE <u>Berkeley Co</u>	(14) BIRTHPLACE <u>Orangeburg Co</u>	(16) BIRTHPLACE <u>Berkeley Co</u>
(16) OCCUPATION <u>Public Works</u>	(18) OCCUPATION <u>Housewife</u>	(16) OCCUPATION <u>Public Works</u>	(18) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>1</u>	(20) Number of children born to mother, including present birth <u>2</u>	(22) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Normal or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Lucie Pringle (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Ridgelyville

Given name added from a supplemental report

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

(28) Filed Nov 23 1923 Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.