

(1) PLACE OF BIRTH 12 **CERTIFICATE OF BIRTH**
CERTIFICATE OF BIRTH FILE No.—For State Registrar Only
STATE OF SOUTH CAROLINA 990-a
 Bureau of Vital Statistics
 State Board of Health
 County of Fairfield
 Township of _____
 City or Town of Blythwood Registration District No. 1007 Registered No. _____
 or _____ St.; _____ Ward _____
 City of _____ (No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FULL NAME OF CHILD John Sanders (If child is not yet named, make supplemental report as directed.)

BOY OR GIRL Boy 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? yes 7. DATE OF BIRTH January 7, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 FULL NAME Moses Sanders
 PRESENT POSTOFFICE OF FATHER Blythwood S.C.
 COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 22 (Years)
 BIRTHPLACE Fairfield County
 OCCUPATION Laborer

MOTHER
 14. NAME BEFORE MARRIAGE Lilly Hooding
 15. PRESENT POSTOFFICE OF MOTHER Blythwood S.C.
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 26 (Years)
 18. BIRTHPLACE Fairfield County
 19. OCCUPATION Housewife
 21. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 22. I hereby certify that I attended the birth of this child who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 23. Signature Lilly Sanders 24. State whether Physician or Midwife Midwife 25. Address of Physician or Midwife 1007 Blythwood

Given name added from a supplemental report _____, 193 _____
 26. Witness Lilly Sanders (Signature of Witness necessary only when question 23 is signed by mark)
 27. Filed _____ 19 _____ 28. Local Registrar _____
 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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