

PLACE OF BIRTH

County of Newbury  
 City of Whitman  
 or  
 Town of Whitman

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

File No. 21941

Registration District No. 340.2

Registered No. 63  
 (For use of Local Registrar)

City of Whitman (No. 4 St. 1 Ward 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Bardoza Sander (If child is not yet named, make supplemental report as directed)

Sex of Child Boy (4) Twin ✓ (5) Number in order of birth 1 (6) Age of Child 2 years 3 months 2 days 3 hours 2 minutes

FATHER  
 (1) NAME BEFORE MARRIAGE Engin Sander  
 (2) PRESENT RESIDENCE OF FATHER Whitman SC  
 (3) COLOR Col (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (4) BIRTHPLACE Newbury Co  
 (5) OCCUPATION Public Work  
 (6) Number of children born to father, including present birth 4

MOTHER  
 (1) NAME BEFORE MARRIAGE Viola Sander  
 (2) PRESENT RESIDENCE OF MOTHER Whitman SC  
 (3) COLOR Col (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (4) BIRTHPLACE Charleston SC  
 (5) OCCUPATION Domestic  
 (6) 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 Bardoza Sander at 19 M., (Name of child) (Month A. or P. M.)  
 on the date above stated.

(23) (Signature) Mutter Sander  
 (24) State whether Midwife (25) Address of Physician or Midwife Whitman SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed July 15 1923 (28) R M Sander 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.