

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.  
 BUREAU OF COLUMBIA, COLUMBIA, S. C.

Form No. 2

(1) PLACE OF BIRTH

County of *Hampton*  
 Township of *Hampton*  
 OR  
 Inc. Town of .....  
 OR  
 City of ..... (No. .... St. .... Ward)

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

File No. - For State Registrar Only  
**34842**

Registration District No *2400* Registered No. *126*  
 (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 *Jim Sanders* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Oct 26 1922*  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Burke Sanders</i>	(14) NAME BEFORE MARRIAGE <i>Clarice Brantly</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Oshtell S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Oshtell S.C.</i>
(10) COLOR OR RACE <i>col</i>	(11) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)
(12) BIRTHPLACE <i>Hampton S.C.</i>	(18) BIRTHPLACE <i>Hampton S.C.</i>	(13) OCCUPATION <i>Farm</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *8 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Charles Murray*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Oshtell S.C.*

Given name added from a supplemental report

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

(27) Filed *Oct 30 1922* (28) *W. E. Dickinson* 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.