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

(1) PLACE OF BIRTH

County of *Newberry*

Township of *No. 4*
or
Inc. Town of *Whitmire*
or
City of ....

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

(No. .... St.; .... Ward)

Registration District No. *3402*   Registered No. *18*
(For use of Local Registrar)

(2) Full Name of Child *Sanders*   If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy*	(4) Twin or Triplet	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married? *Yes*	(7) DATE OF BIRTH *2/21/1923* (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME *Ralph Clifford Sanders*	(14) NAME BEFORE MARRIAGE *Birdie Cudd*
(9) PRESENT POSTOFFICE OF FATHER *Whitmire, S.C.*	(15) PRESENT POSTOFFICE OF MOTHER *Whitmire S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *27* (Years)	(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25* (Years)
(12) BIRTHPLACE *Union Co. S.C.*	(18) BIRTHPLACE *Union Co. S.C.*
(13) OCCUPATION *Cotton Mill Operative*	(19) OCCUPATION *Domestic*
(20) Number of children born to mother, including present birth *4*	(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Williard B. Sharde*

(24) State whether Physician or Midwife *Physician*   (25) Address of Physician or Midwife *Whitmire S.C.*

Give name added from a supplemental report

....
19 ....
Registrar

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

(27) Filed *Mar 16 1923* (28) .... Local Registrar.

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

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