

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.
 MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">34846</div>	
County of <u>Hampton</u> Township of <u>Peeples</u> OR Inc. TOWN of..... OR City of				Registration District No. <u>2402</u>		Registered No. <u>1140</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(No. St.; Ward)		(If child is not yet named, make supplemental report as directed)	
(2) Full Name of Child <u>Bob Goran Sanders</u>							
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>		(5) Number in order of birth <u>4</u>		(6) Are Parents Married? <u>Yes</u>	
(7) DATE OF BIRTH <u>X</u> 19..... <small>(Name of Month) (Day) (Year)</small>							
FATHER.				MOTHER.			
(8) FULL NAME <u>Willie Sanders</u>				(14) NAME BEFORE MARRIAGE <u>Josephine Green</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Braman SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Braman SC</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Year)</small>		(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY..... <small>(Year)</small>	
(12) BIRTHPLACE <u>Braman SC</u>				(18) BIRTHPLACE <u>Braman SC</u>			
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>4</u>				(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.</u> M., on the date above stated. <small>(Born Alive or stillborn) (Hour A. M. or P. M.)</small>							
(23) (Signature) <u>Melvin S. Douglas</u>							
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Hampton</u>							
Given name added from a supplemental report 19..... Registrar				(26) Witness <u>H. H. [Signature]</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>Oct 7 1922</u> (28) <u>J. W. Rogers</u> 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.							