

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orangeburg  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

(2) Full Name of Child Catherine Sanders

File No.—For State Registrar Only

16252

Registration District No 3613 Registered No. 46  
 (For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 31, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ed Lee Sanders  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Year)  
 (12) BIRTHPLACE Orangeburg S.C.  
 (13) OCCUPATION Farm Help  
 (20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Roberts  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Orangeburg S.C.  
 (19) OCCUPATION Farm Help  
 (21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Allen  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed May 31, 1922 (28) A. L. Fairley  
 Registrar 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.

MARGIN REMOVED FOR BINDING.  
 WHITE PLAIN, N. H.—In cases of TWINS OR TRIPLETS use a MEDICARE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MEDICAL COLUMBIA, COLUMBIA, S. C.