

(1) PLACE OF BIRTH
County of Spartanburg
Township of Woodruff
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
16668

Registration District No. 40 B Registered No. 46
(For use of Local Registrar)
(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harold E. Sanford 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Dennis Sanford
(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Spartanburg S.C.
(13) OCCUPATION Mill Worker
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lillie May Smith
(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Spartanburg S.C.
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(21) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Boy or alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) D. J. Workman
(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Woodruff S.C.

Even Name added from a supplemental report
M. B. W. = M. B.
6/3/43
Registrar
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed June 12 1922 (27) Chas L Bouter 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.

LOCAL REGISTRAR.
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