

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37266

Registration District No. 1403

Registered No. 39
(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

Estell Sandifer

If child is not yet named, make supplemental report as directed

Sex

Twin

Triplet?

(5) Number in order of birth

(6) Are

Pregnant

(7) DATE OF

BIRTH 11/1/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Quillo H. Sandifer

(9) PRESENT POSTOFFICE OF FATHER

Bamberg se

(10) COLOR OR RACE

White

(11) AGE AT BIRTHDAY

39
(Years)

(12) BIRTHPLACE

Bamberg Co se

(13) OCCUPATION

Farmer & Merchant

(14) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Estell Folk

(15) PRESENT POSTOFFICE OF MOTHER

Bamberg se

(16) COLOR OR RACE

White

(17) AGE AT BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Bamberg Co se

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) on the 11th day of November 1922.

(23) (Signature)

Robt Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bamberg se

Given name added from supplemental report

(26) Witness

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

(27) Filed

Nov 7 1922

(28)

Herbert Folk
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.