

(1) PLACE OF BIRTH

County of CherokeeTownship of Landisville

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

25339

Registration District No. 1002 Registered No. 77.....
(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 Henry Sanders If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 25, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>J. L. Sanders</u>	(14) NAME BEFORE MARRIAGE	<u>Iola Reeler</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Wilkinsville</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Wilkinsville</u>
(10) COLOR OR RACE	<u>white</u>	(16) COLOR OR RACE	<u>white</u>
(11) AGE AT LAST BIRTHDAY	<u>41</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>33</u> (Years)
(12) BIRTHPLACE	<u>Cherokee Co</u>	(18) BIRTHPLACE	<u>Cherokee Co</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housekeeper</u>
(20) Number of children born to mother, including present birth	<u>7</u>	(21) Number of children of this mother now living, including present birth	<u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Wilkinsville(24) State whether Physician or Midwife (25) Address of Physician or Midwife Harrell Lane

Given name added from a supplemental report

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

Alam. J. Stinson 19 22 Registrar(27) Filed Sept. 1, 19 22 (28) Alam. J. Stinson 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.