

(1) PLACE OF BIRTH

County of Chester

Township of

or Inc. Town of

or City of Chester (No. St.; Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25364

Registration District No. 11A Registered No. 75

(For use of Local Registrar)

(2) Full Name of Child Robert Louis Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Yes (4) Twin or Triplet? --- (5) Number in order of birth --- (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 6, 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. J. Sanders

(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Chester, Co.

(13) OCCUPATION mill work

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Wedge

(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Chester, Co.

(19) OCCUPATION domestic

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Aug. 16, 1922 (28) [Signature] 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.

*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.

1000