

(1) PLACE OF BIRTH

County of AndersonTownship of Isaiah

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 315 Registered No. 78
(For use of Local Registrar)File No.—For State Registrar Only
40901(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 James Sandrell {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 Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Huston Sandrell(9) PRESENT POSTOFFICE OF FATHER Piedmont SC #1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Roxie Owens(15) PRESENT POSTOFFICE OF MOTHER Piedmont SC #1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic work(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Owens(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Piedmont SC #1

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 10 1922 (28) W L Casey 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.