

(1) PLACE OF BIRTH

County of Marble
 Township of Red Hill
 or
 Inc. Town of.....
 or
 City of

(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

43786

Registration District No. 3317. Registered No. 12
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>Dec 6 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Kizzie Sanders
 (9) PRESENT POSTOFFICE OF FATHER Blenheim Sq
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 18
 (Year)
 (12) BIRTHPLACE Marble
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Weatherman
 (15) PRESENT POSTOFFICE OF MOTHER Blenheim
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 14
 (Year)
 (18) BIRTHPLACE Marble
 (19) OCCUPATION

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

(21) 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 Boiler at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Beckett

(24) State whether Physician or Midwife M.W. (25) Address of Physician or Midwife Blenheim Sq

Given name added from a supplemental report

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

(27) Filed Dec 30 1922 (28) A. H. Evans 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.