

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9647

Registration District No. 9.1

Registered No. 44

(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 Paul S. Sanden If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married Yes	(7) DATE OF BIRTH Feb. 26, 1923 (Name of Day) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME John Sanden	(14) NAME BEFORE MARRIAGE Anna Belle Eddens	(9) PRESENT RESIDENCE OF FATHER Mt Pleasant	(15) PRESENT RESIDENCE OF MOTHER Mt Pleasant
(10) COLOR OR RACE Negro	(11) AGE AT LAST BIRTHDAY 25	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE S.C.	(13) OCCUPATION Farmer	(18) BIRTHPLACE S.C.	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth One	(21) Number of children of this mother now living, including present birth One		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. B. Palmer

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mt Pleasant

(Given name added from a supplemental report)

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

(27) Filed Feb. 26, 1923. (28) J. Isaac Ruff

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.