

## (1) PLACE OF BIRTH

County of WindsburyTownship of Kingor  
Inc. Town of .....or  
City of .....(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

32607

Registration District No. 4302Registered No. 77  
(For use of Local Registrar)(2) Full Name of Child Sanders Tris Dale If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 28, 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Tris Dale(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Windsbury(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Wallace(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Windsbury(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9.9 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James X. Wallace(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Windsbury Kingston

Given name added from a supplemental report

(26) Witness James Tris Dale  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 4, 1922 (28) B. B. Clarkson  
Registrar 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.