

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
32776

Registration District No. 4408 Registered No. 143 Only
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.: Ward:

(2) Full Name of Child James Wesley Sanders { 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 Sept. 11 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

Carl Sanders

(9) PRESENT
 POSTOFFICE
 OF FATHER

York, S.C.

(10) COLOR
 OR
 RACE White

(11) AGE AT LAST
 BIRTHDAY 20
 (Years)

(12) BIRTHPLACE

Pineville, N.C.

(13) OCCUPATION

Textile Worker

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

One

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Annie May Rose

(15) PRESENT
 POSTOFFICE
 OF MOTHER

York, S.C.

(16) COLOR
 OR
 RACE White

(17) AGE AT LAST
 BIRTHDAY 20
 (Years)

(18) BIRTHPLACE

York Co. S.C.

(19) OCCUPATION

Textile Worker

(20) 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 at 11:45 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis W. Winters

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

York, S.C.

Given name added from a supplement
 al report

161....

Registrar

(26) Witness

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

(27) Filed

Sept. 14, 1922

(28)

John A. Parker

Local Registrar

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

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia

Mac