

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Chester</u>		STATE OF SOUTH CAROLINA		21477	
Township of <u>Baton Rouge</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>1150</u>		Registered No. <u>39</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child .....					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 31, 1922</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Butler Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Essie Sanders</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Leeds, #1, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Leeds, #1, S.C.</u>		
(10) COLOR OR RACE <u>col.</u>			(16) COLOR OR RACE <u>col.</u>		
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Chester Co.</u>			(18) BIRTHPLACE <u>Chester Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farm hand</u>		
(20) Number of children born to mother, including present birth <u>17</u>			(21) Number of children of this mother now living, including present birth <u>17</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was... <u>alive</u> ... at <u>10:30 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Belle Cain</u>					
(24) State whether <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>midwife Leeds, S.C. #1</u>					
Given name added from a supplemental report					
<u>Amended P-1 OCT - 8 1980</u>					
(26) Witness .....					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Aug 5, 1922</u> (28) <u>J. A. Connolly</u> Local Registrar					
19 .....					
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.					