

## (1) PLACE OF BIRTH

County of Sanderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31695

Township of Sanderson  
 Inc. Town of ..... Registration District No. 400 Registered No. 155  
 City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

## 2) Full Name of Child

Joe Starbry

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11/1/22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Joe Starbry Sr.(9) PRESENT POSTOFFICE OF FATHER Dunkin, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Sanderson(13) OCCUPATION Don't Know(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Myra Holman(15) PRESENT POSTOFFICE OF MOTHER Kennard, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Sanderson(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 4 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) B. P. Holman

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

Midwife Sanderson, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 12/1/22 (28) John Coona 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.

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