

1. PLACE OF BIRTH

County of Barnwell
 Township of Great Cypress
 or
 Inc. Town of Kline
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 508 Registered No. 7
 (For use of Local Registrar)

FILE No.—For State Registrar Only

.. **43670**

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child

Cleo Sanders

If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER

MOTHER

8. FULL NAME

14. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

(Years)

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to mother, including present birth

21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Annie Ragon

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

Sara Duncan

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

27. Filed

Feb. 7, 1924

28.

Mrs. Kate Wingo

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.