

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

OR

Inc. Town of Orangeburg

OR

City of Orangeburg

(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  
16255Registration District No. 7th 1st Registered No. 49  
(For use of Local Registrar)(2) Full Name of Child Bernice Sanders

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 19 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Stearns Sanders(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28  
(Years)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Gibbs(15) PRESENT POSTOFFICE OF MOTHER Orangeburg(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION House Help(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 alive at 5:20 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura Stronman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

(26) Witness Laura Stronman

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

(27) Filed May 22 1922 (28) Laura Stronman  
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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MCGRAW-HILL BOOK CO., COLUMBIA, S. C.