

Form No. 1

## (1) PLACE OF BIRTH

County of SumterTownship of Rafters Creekor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20328

Registration District No. 4105Registered No. 66

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Sonnie 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>	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 16, 1922</u> (Month) (Day) (Year)
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FATHER.

8 FULL NAME Edward Sanders

9 PRESENT POSTOFFICE OF FATHER Borden S.C.

10 COLOR OR RACE negro

11 AGE AT LAST BIRTHDAY 35  
(Years)

12 BIRTHPLACE Sumter

13 OCCUPATION farmer

20 Number of children born to mother, including present birth 16

MOTHER.

14 NAME BEFORE MARRIAGE Helen Young

15 PRESENT POSTOFFICE OF MOTHER Borden S.C.

16 COLOR OR RACE negro

17 AGE AT LAST BIRTHDAY 25  
(Years)

18 BIRTHPLACE Sumter S.C.

19 OCCUPATION housewife

21 Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... alive ..... at 11 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sallie Parant(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Borden S.C.

Given name added from a supplemental report

(26) Witness A. P. Harless  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21, 1922 (28) A. P. Harless  
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.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. H.—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.

MODERN OF COLUMBIA, COLUMBIA, S. C.