

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland
Township of None
or
Inc. Town of _____
or
City of Chapin Rt 2 S.C.
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3805

FILE No.—For State Registrar Only

04948

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Jenkins Cephas Sander
Jenkins Cephas Sander
3. Boy or Girl Boy 4. Twin, triplet or other Singl 5. Number, in order of birth 2 6. Premature Y 7. Are Parents Married? YES 8. Date of birth Aug. 22 1922
(Month, day, year)

9. Full name FATHER
Herman Winfred Sander
Herman Winfred Sander
10. Residence (mailing address)
(If non-resident, give place and State) CHAPIN S.C.

18. Name before MOTHER
FRANCES WINFORD SITES
19. Residence (mailing address)
(If non-resident, give place and State) same S.C.

11. Color or race WHITE 12. Age at child's birth 26 (years)
13. Birthplace (city or place)
(State or country) CHAPIN S.C.

20. Color or race WHITE 21. Age at child's birth 21 (years)
22. Birthplace (city or place)
(State or country) CHAPIN S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM
16. Date (month and year) last engaged in this work STILL FARMING 17. Total time (years) spent in this work 20

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. HOUSE KEEPER
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOUSE
25. Date (month and year) last engaged in this work STILL KEEPING HOUSE 26. Total time (years) spent in this work 22

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ALIVE Stillborn _____

28. If stillborn, period of gestation _____ months weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was BORN ALIVE at 6 P.m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

(Signed) Herman Winfred Sander Parent

or _____ Guardian

Address P.O. Box 11/20 19 42 M.B. Woodward, MD

Filed _____ Registrar.

Registrar.