

22 049397

1. PLACE OF BIRTH
 County of Richland
 Township of Front
 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 Cephus Sander
Jenkins Cephus Sander
 (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy If Plural births _____
 4. Twin, triplet or other. Single
 5. Number, in order of birth 2
 6. Premature _____ Full term Y.E.
 7. Are Parents Married? YES
 8. Date of birth Aug. 22 1922
 (Month, day, year)

9. Full name of FATHER Herman Winfred Sander
Herman Winfred Sander

18. Name before MOTHER FRANCES WINFORD SITES

10. Residence (mailing address) CHAPIN S.C.
 (If non-resident, give place and State)

19. Residence (mailing address) Summ. S.C.
 (If non-resident, give place and State)

11. Color or race WHITE 12. Age at child's birth 26 (years)

20. Color or race WHITE 21. Age at child's birth 21 (years)

13. Birthplace (city or place) CHAPIN S.C.
 (State or country) RICHLAND S.C.

22. Birthplace (city or place) CHAPIN, S.C.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. HOUSE KEEPER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOUSE

16. Date (month and year) last engaged in this work STILL FARMING 1919

25. Date (month and year) last engaged in this work STILL KEEPING HOUSE 1919

27. Number of children of this mother (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.

(Signed) Jenkins Cephus Sander Parent

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

or _____ Guardian
 Address P.O. Box 11/20

Filed 11/20, 1922 42 M. B. Woodward, MD
 Registrar.

Registrar.

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.)