

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

or

Inc. Town of .....

City of Johnston

(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

No. 1a.—For State Registrar Only

24303

Registration District No. 1814Registered No. 44  
(For use of Local Registrar)

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

## (2) Full Name of Child

Dr. a Bell Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 16, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Jack Sanders(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Wright, Ga.(13) OCCUPATION housewife(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Bell King(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Wright, Ga.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. E. Dwyer(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician Johnston S.C.

(If name added from a supplemental report)

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

(26) Filed Sept 9, 1923 (27) Local Registrar W. E. Dwyer

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.