CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 3721

(1) PLACE OF BIRTH
County of Chesterfield
Township of Pee Dee
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1208. Registered No. ..... (For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child Aldean Sanders
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? ✓
(5) Number in order of birth ✓
To be answered only in event of Twins or Triplets
(6) Are Parents Married? No
(7) DATE OF BIRTH. Jan. 30 (Name of Month) (Day) 19 22 (Year)

FATHER.

(8) FULL NAME —
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY ..... (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Sanders.
(15) PRESENT POSTOFFICE OF MOTHER Cheraw R. 2.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY About 19 (Years)
(18) BIRTHPLACE Chesterfield Co.
(19) OCCUPATION Farm & house work
(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 born alive (Born alive or stillborn) at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jack Brooks
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Society Hill R. 3

Given name added from a supplemental report .....
..... 19 .... Registrar

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

(27) Filed ..... 19 .... (28) D. S. Matheson
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.

McCaw of Columbia, Columbia, S. C.

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