

(1) PLACE OF BIRTH

County of Platt Springs

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3/1.0.

File No. — For State Registrar Only

4518

Registered No. 5-
(For use of Local Registrar)

(2) Full Name of Child

J. B. Sandy

If child is not yet named, make supplemental report as directed

(1) SEX OR ONLY Boy (2) Type or Triplet - (3) Number to order of birth 1 (4) Are Parents Married No (5) DATE OF BIRTH Feb 19 23
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(13) NAME BEFORE MARRIAGE Blanche Sandy
(14) PRESENT POSTOFFICE OF MOTHER
(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 16 (Years)
(17) BIRTHPLACE Gaston S.C.
(18) OCCUPATION Domestic
(19) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 2:10 P.M. on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)(21) (Signature) Julia Leigler
(22) State whether Physician or Midwife Midwife (23) Address of Phys. or Midwife Gaston S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Signed Feb 24 1923 Major Fallam 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.