

(1) PLACE OF BIRTH
County of Charleston
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
41235

Inc. Town of
or
City of Charleston (No. 20 W. 1st)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Baby Sandra { If child is not yet named, make supplemental report as directed

(1) ~~GIRL?~~ (4) Twin or Triplet? ☒ (5) Number of Birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21 1922
(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME William Sanders
(9) PRESENT POSTOFFICE OF FATHER Chas.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Chas.
(13) OCCUPATION Storeman
(14) Number of children b rn to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elvise Bowler
(15) PRESENT POSTOFFICE OF MOTHER Chas.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Chas.
(19) OCCUPATION Dom.
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 am M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Sanders
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed "mark")

(27) Filed 12/29/22 Local Registrar

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.

Filed on 12/29/22 at Charleston