

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 * 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 8

(1) PLACE OF BIRTH

County of Cherokee

Township of Swain

Inc. Town of

City of

(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. for State Registrar Only
11475

Registration District No. 3rd

Registered No. 453
 (For use of Local Registrar)

(2) Full Name of Child

Andrew Sanders

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

3 28 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Milton Sanders

(9) PRESENT POSTOFFICE OF FATHER

Swain

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
 (Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

6

MOTHER.

(15) NAME BEFORE MARRIAGE

Anna Comer

(16) PRESENT POSTOFFICE OF MOTHER

Swain

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

35
 (Years)

(19) BIRTHPLACE

SC

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

[Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Swain

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/10/23

(28)

[Signature]
 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.

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