

Form No. 1

## (1) PLACE OF BIRTH

County of AllendaleTownship of 11or  
Inc. Town of 11or  
City of 11

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17383

Registration District No. 4600Registered No. 51  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ardell Sanders

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1922  
(Name of Month) (Day) (Year)(8) FULL NAME Willa Sanders(9) PRESENT POSTOFFICE OF FATHER allendale S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farm Laborer(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE anna Hamilton(15) PRESENT POSTOFFICE OF MOTHER allendale SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P M., on the date above stated. 11 P  
(Hour A. M. or P. M.)(23) (Signature) Oler Priest(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd  
(Signature of Witness necessary only when question 23 is signed by mother)(27) June 12, 1922 (28) X. H. Boyd MD  
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.

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 5.