

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Allendale
Township of 1/1
or
Inc. Town of.....
or
City of 11 (No. St.; Ward)
(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

File No.—For State Registrar Only
40679

Registration District No. 4602 Registered No. 139
(For use of Local Registrar)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 30 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME P. J. Sanders
(9) PRESENT POSTOFFICE OF FATHER Allendale SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Lurline Williams
(15) PRESENT POSTOFFICE OF MOTHER Allendale SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(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 alive at 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. H. Boyd MD
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

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

(27) Filed Dec 30 1922 (28) F. 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.

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