

## (1) PLACE OF BIRTH

County of York  
 Township of St. Mills  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**20552**

Registration District No. 4406 Registered No. 47  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 26-22  
 To be answered only in event of Twins or Triplets (Name of Month (Day) (Year))

## FATHER.

(8) FULL NAME John Sanders  
 (9) PRESENT POSTOFFICE OF FATHER St. Mills S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35- (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Campbell  
 (15) PRESENT POSTOFFICE OF MOTHER St. Mills S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (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 born alive ..... at 6:30 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa Spratt  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Mills S.C.

Given name added from a supplemental report

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

(27) Filed 7-1-22 (28) A. L. Parks 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.