

1. PLACE OF BIRTH

County of BarnwellTownship Great Cypressor
Inc. Town of Klineor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 508

FILE No.—For State Registrar Only

.. 43680Registered No. 4

(For use of Local Registrar)

(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 Cato Sanders

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

3. SEX
GIRL4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? No

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)
July 12 1923

FATHER

MOTHER

8. FULL
NAME14. NAME BEFORE
MARRIAGE Orrie Sanders9. PRESENT
POSTOFFICE
OF FATHER15. PRESENT
POSTOFFICE
OF MOTHER Kline S.C.10. COLOR
OR
RACE11. AGE AT LAST
BIRTHDAY

(Years)

16. COLOR
OR
RACE Negro17. AGE AT LAST
BIRTHDAY 18

(Years)

12. BIRTHPLACE

18. BIRTHPLACE Barnwell Co

13. OCCUPATION

19. OCCUPATION Laborer on farm20. Number of children born to
mother, including present birth 121. Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 7 P. M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Sallie R. Wright24. State whether Physician or Midwife midwife25. Address of Physician or Midwife Kline S.C.

Given name added from a supplemental report

26. Witness H.C. Wingo(Signature of Witness necessary only
when question 23 is signed by mark)27. Filed Feb. 5 1923 by Mrs. Kate Wingo
Registrar 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.