

(1) PLACE OF BIRTH

County of HamptonTownship of Hattheor
Inc. Town ofor
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

File No.—For State Registrar Only

42888

Registration District No. 2400 Registered No. 166

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child Arthur Sanders } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 10 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Virchow Sanders
(9) PRESENT POSTOFFICE OF FATHER Estill, S.C.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Hampton S.C.
(13) OCCUPATION Farm
(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Mary Fields
(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Hampton S.C.
(19) OCCUPATION Housewife
(21) 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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emily Grant(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 14 1922 (28) H. E. Dickinson 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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