

1. 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 2.

(1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No.)

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

File No.—For State Registrar Only  
**2789**

Registration District No. 4408

Registered No. 11  
 (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 Olga May Sandifer

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 Jan 19 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Samuel Sandifer  
 (9) PRESENT POSTOFFICE OF FATHER YMC No 3  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE YMC Co  
 (13) OCCUPATION Farmer

MOTHER  
 (14) NAME BEFORE MARRIAGE Maria Olga Elliott  
 (15) PRESENT POSTOFFICE OF MOTHER YMC No 3  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE YMC Co  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at P.P. M. on the date above stated. (For full birth) (Hour A. M. or P. M.)

(23) (Signature) W. J. Baron

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York

Given name added from a supplemental report

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

(27) Filed Jan 20 1922 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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