

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

1. PLACE OF BIRTH

County of Charleston
 Township of _____
 or
 Inc. Town of _____
 or
 City of Charleston

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

Registration District No. 9A Registered No. 1513
 (For use of Local Registrar)
 (No. St. Francis & Hug St.; 8 Ward)

FILE No.—For State Registrar Only
32487

2. Full Name of Child Margaret Cecilia Sanchez { If child is not yet named, make supplemental report as directed.

3. **BOY OR GIRL** **TO BE ANSWERED ONLY IN EVENT OF TWINS OR TRIPLETS**
 4. Twin or Triplet? _____
 5. Number in order of birth _____
 6. Are Parents Married? yes
 7. **DATE OF BIRTH** October 17 1927
 (Name of Month) (Day) (Year)

FATHER
 8. FULL NAME Calisto Eugenio Sanchez
 9. PRESENT POSTOFFICE OF FATHER 71 D Poplar
 10. COLOR OR RACE White AGE AT LAST BIRTHDAY 31 (Years)
 12. BIRTHPLACE Camaguey Cuba
 13. OCCUPATION Chancelar go. Cuban Consul
 20. Number of children born to mother, including present birth { 2

MOTHER
 14. NAME BEFORE MARRIAGE Loeloid Small White
 15. PRESENT POSTOFFICE OF MOTHER 71 D Poplar
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 20 (Years)
 18. BIRTHPLACE Glasgow Scotland
 19. OCCUPATION Wife
 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 born alive at 7am. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature M. J. Moore MD
 24. State whether Physician of Midwife
 25. Address of Physician or Midwife Phoe Charleston SC

MATTHEW MOORE
 Born 1888

Given name added from a supplemental report

 _____, 19____
 Registrar

26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 27. Filed 10/19 1927
 28. J. Green MO 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.

ISSUED NOV 05 2012

SC 01920162

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

C. Earl Hunter
 C. Earl Hunter
 Commissioner and State Registrar

Guang Zhao
 Guang Zhao
 Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 08/01/2009

