

STATE OF SOUTH CAROLINA  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF BIRTH  
 Form No. 1  
 (For use of Local Registrar)  
 (If child is not yet named, make supplemental report as directed)  
 1927

(1) PLACE OF BIRTH  
 County of Albemarle  
 Township of Baldor  
 or  
 Inc. Town of .....  
 or  
 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  
**2913**

Registration District No. 4002 Registered No. 11  
 (For use of Local Registrar)  
Delayed (No. ....) St.: ..... Ward: .....  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Carl Sanders

(3) BOY OR GIRL boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 12 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Ellie Sanders  
 (9) PRESENT POSTOFFICE OF FATHER Baldor SC  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Victoria Lawton  
 (15) PRESENT POSTOFFICE OF MOTHER Baldor SC  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farm Laborer  
 (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 alive at 9a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillie Hazel  
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Baldor SC  
 Given name added from a supplemental report .....  
 (25) Witness T. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 20 1922 (28) T. H. Boyd 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.

MEANS OF COLUMBIA, COLUMBIA, S. C.