

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of .....  
 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

26338

Registration District No. 2209ARegistered No. 242  
(For use of Local Registrar)

## (2) Full Name of Child

JAMES SANDERS

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

June 12, 1912  
(Name of Month) (Day) (Year)

(8) FATHER.

(9) FULL NAME

James Venable Sanders

(10) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(11) COLOR OR RACE

Colored

(12) AGE AT LAST BIRTHDAY

36  
(Years)

(13) BIRTHPLACE

S.C.

(14) OCCUPATION

Laborer

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

3

(16) NAME BEFORE MARRIAGE

Millie Sanders

(17) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(18) COLOR OR RACE

Colored

(19) AGE AT LAST BIRTHDAY

32  
(Years)

(20) BIRTHPLACE

S.C.

(21) OCCUPATION

Domestic

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was ... alive ... at 12 A. ... on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature)

Geo. J. Walker

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Phys.Greenville

Given name added from a supplemental report

(27) Witness

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

(28) Date

(29) Local Registrar

19 ... 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.