

FORM NO. 6 MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw, of Columbia

(1) PLACE OF BIRTH

County of Union

Township of Union

or Inc. Town of

or City of Union

(If birth occurs in a hospital or other institution, give name of same instead of St.;

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87686

Registration District No. 42 A

Registered No. 170

(For use of Local Registrar)

(2) Full Name of Child

Winnie Belle Sanders

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 4

(6) Are Parents Married Yes

(7) DATE OF BIRTH Nov. 10

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fred A. Sanders

(9) PRESENT POSTOFFICE OF FATHER Union St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Dartonburg Ga

(13) OCCUPATION Mill Operating

(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Marla Seedle

(15) PRESENT POSTOFFICE OF MOTHER Union St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Union Ga

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) Alive (Hour 1:30 of P. M.)

(23) (Signature) L. A. Rivers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union St

Given name L. A. Rivers from a supplemental report

(26) Witness

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

(27) Filed Nov 15 1916

(28) L. J. Darrott

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.