

FORM NO. 6  
 MARGIN RESERVED FOR BINDING.  
 WRITE 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

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

(1) PLACE OF BIRTH  
 County of Union  
 Township of Union  
 or  
 Inc. Town of ..... Registration District No. 42 A Registered No. 170  
 or  
 City of Union (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
87686

(2) Full Name of Child Thomas Belle Sanders } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 10</u> (Name of Month) (Day) (Year)
(8) FATHER'S NAME <u>Fred A. Sanders</u>		(14) NAME BEFORE MARRIAGE <u>Paula Seedle</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>		(16) COLOR OR RACE <u>White</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(18) BIRTHPLACE <u>Union S.C.</u>	
(12) BIRTHPLACE <u>Dartonburg S.C.</u>	(13) OCCUPATION <u>Milk Operator</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) 11:30 a M. (Hour A.M. or P.M.)

(23) (Signature) D.H. Montgomery

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

*affid.*

Given name Paula from a supplemental report

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

(27) Filed Nov 15 1916 (28) D. J. Garratt 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.