

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 4.

(1) PLACE OF BIRTH

County of Georgetown
 Township of Court House
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

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

File No.—For State Registrar Only
3432

Registration District No. 1203 Registered No. 28
 (For use of Local Registrar)

(2) Full Name of Child Robert H. Sanders (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 19, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Evans Gaudy</u>			(14) NAME BEFORE MARRIAGE <u>Thelma Anna White</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charaw R-1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charaw R-1</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:12 A. M., on the date above stated. (If born dead or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert H. Sanders
 (24) State whether Physician or Midwife
 (25) Signature of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report

James Sanders
June 15, 1923

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Mar 4, 1923 (28) M. S. Water 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 shall not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.