

FORM NO. 1 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.

McGaw, of Columbia.

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Township of 7 Bureau of Vital Statistics
 Inc. Town of ... Registration District No. 40-a State Board of Health
 City of ... Registered No. 301
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only

70302

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

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|--|---|---------------------------------------|---|---|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Age Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 29</u> <small>(Name of Month) (Day) (Year)</small> |
| (8) FATHER FULL NAME <u>Chas. W. Sanders</u> | | | (9) MOTHER NAME BEFORE MARRIAGE <u>Charles Brinson</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u> | | | (10) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u> | |
| (10) COLOR OR RACE <u>W</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small> | (12) COLOR OR RACE <u>W</u> | (13) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small> | (14) BIRTHPLACE <u>Camden S.C.</u> |
| (15) BIRTHPLACE <u>Belmont N.C.</u> | | | (16) OCCUPATION <u>Lawyer</u> | |
| (17) OCCUPATION <u>Lawyer</u> | | | (18) OCCUPATION <u>Lawyer</u> | |
| (19) Number of children born to mother, including present birth <u>1</u> | | | (20) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report
... 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Aug 1 1916 (28) Jas. Cooper 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.

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