

## (1) PLACE OF BIRTH

County of *Summit*Township of *Shelby*

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

79536

Registration District No. *409* Registered No. *93*  
(For use of Local Registrar)(2) Full Name of Child *Edward Sanders* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept. 5- 1916</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Edward Sanders*(9) PRESENT POSTOFFICE OF FATHER *Summit S.C.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *21*  
(Years)(12) BIRTHPLACE *Summit S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Deeie Singleton*(15) PRESENT POSTOFFICE OF MOTHER *Summit S.C.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *19*  
(Years)(18) BIRTHPLACE *Summit S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6 P.* M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *Midwife*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Rachel Fanner*

Given name added from a supplemental report

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Registrar

(26) Witness *A. F. Wingle*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept. 11, 1916* (28) *A. F. Wingle* 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.