

(1) PLACE OF BIRTH

County of AikenTownship of Gregg

or

Town of Graniteville

or

City of Graniteville

(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

45160

Registration District No. 2 B Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Besley Sanders

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Jan, 18th 1914

FATHER.

(8) FULL NAME

Emmanuel L. Sanders

(9) PRESENT POSTOFFICE OF FATHER

Graniteville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Wearer Cotton Mill

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Ada Susie Anna Franklin

(15) PRESENT POSTOFFICE OF MOTHER

Graniteville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29 yrs (Years)

(18) BIRTHPLACE

Aiken Co

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:10 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

W. P. Turnbull, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Graniteville, 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

Jan 23 1914

(28)

W. P. Turnbull, M.D.

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.

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.