

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH EXPANDING INK.—THIS IS A PERMANENT RECORD.  
 M. R.—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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registry only	
County of <u>Orange</u>		STATE OF SOUTH CAROLINA		34760	
Township of <u>Blacksburg</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Blacksburg</u>		State Board of Health			
City of .....		Registration District No. <u>5.A</u>		Registered No. <u>2.B</u>	
(No. .... St. .... Ward)		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Henry Sanders</u>					
(3) SEX OF CHILD <u>Male</u>	(4) Type of Infant <u>To be reported only in case of Twin or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parent <u>46</u>	(7) DATE OF BIRTH <u>Nov 13 23</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Oliver Ernest Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Myra Johnson</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Blacksburg</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Blacksburg</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>36</u> (Year)		
(12) BIRTHPLACE <u>Conway S. C.</u>			(18) BIRTHPLACE <u>Conway S. C.</u>		
(13) OCCUPATION <u>Sawyer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</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 <u>Male</u> at <u>8.2</u> M., on the date above stated. (Sign) <u>D. H. Briggs</u> (M. or P. M.)					
(23) (Signature)			(24) State whether Physician or Midwife		
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Dec. 14 1923</u> (28) <u>H. H. Hammond</u> Registrar Local Registrar		

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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