

FORM NO. 4
MARGIN RESERVED FOR INDEXING.
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.

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of
or
City of (No. 12 St.; 12 Ward)
(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
44895

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 15 1911
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Franklin Saunders
(9) PRESENT POSTOFFICE OF FATHER Kelton R. Rd 1
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Charter Co S C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Belle Coines
(15) PRESENT POSTOFFICE OF MOTHER Kelton R. Rd 1
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE Union Co.
(19) OCCUPATION Domestic
(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 12 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. S. H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lockhart 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 May 14 1911 (28) D. G. Gallman 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.