

(1) PLACE OF BIRTH

County of Dorchester

Township of

Inc. Town of Dorchester

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

41905

Registration District No. 120 Registered No. 32

(For use of Local Registrar)

No. 371 W. N. N. N. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME F. Harris Saunders(9) PRESENT POSTOFFICE OF FATHER Dorchester S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Lawyer + Carpenter(14) Number of children born to mother, including present birth { 2

MOTHER

(14) NAME BEFORE MARRIAGE Katie Chandler(15) PRESENT POSTOFFICE OF MOTHER Dorchester S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian T. Cogswell

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

Physician Dorchester, S.C.

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Date June 28 1913 (28) E. C. Farley Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, a report is desired of stillbirths before the month of pregnancy.