

(1) PLACE OF BIRTH

County of AbbevilleTownship of Cedar Springor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ellen Sanders

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? no(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dennis Sanders(9) PRESENT POSTOFFICE OF FATHER Abbeville(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Calhounfal(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Seards(15) PRESENT POSTOFFICE OF MOTHER Abbeville(16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Edgefield(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:05 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Midwife Janie Patterson

(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)(27) Filed (28)
Registrar 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.

MARGIN RESERVED FOR BINDING.
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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

6184

Registration District No. 103Registered No. 5
(For use of Local Registrar)