

(1) PLACE OF BIRTH

County of *Greenville*

Township of

Inc. Town of

City of *Greenville*

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3955

Registration District No. *22A*Registered No. *57*

(For use of Local Registrar)

(No. *615 W Washington*) (Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number

(2) Full Name of Child *Harry Fulton 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

6) Are Parents Married? *Yes*7) DATE OF BIRTH *2 4 1929*

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME *G. A. Sanders*9) PRESENT POSTOFFICE OF FATHER *Greenville S.C.*10) COLOR OR RACE *W*11) AGE AT LAST BIRTHDAY *24*12) BIRTHPLACE *S.C.*13) OCCUPATION *Salesman*20) Number of children born to mother, including present birth *1*

MOTHER.

14) NAME BEFORE MARRIAGE *Jessie Farmer*15) PRESENT POSTOFFICE OF MOTHER *Greenville S.C.*16) COLOR OR RACE *W*17) AGE AT LAST BIRTHDAY *25*18) BIRTHPLACE *S.C.*19) OCCUPATION *Housewife*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 *born alive or stillborn* at *4:30 P.M.* on the date above stated. (Sign A. M. or P. M.)(23) (Signature) *A. H. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Greenville S.C.*

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Date *Feb 12 1929*

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.