

(1) PLACE OF BIRTH

County of ColhamTownship of Equine

or

Inc. Town of Locust

or

City of Locust

(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

48269

Registration District No. 802Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child. Dorothy B. Sander { 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 Feb. 21, 1906

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Daniel Sander(9) PRESENT POSTOFFICE OF FATHER Locust 80(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Locust Colham 80(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile V. Weeks(15) PRESENT POSTOFFICE OF MOTHER Locust 80(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Colham 80 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 alive at 2 20 a M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) H. W. Sander, M.D.

(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 22 is signed by mark)

(27) Filed Feb 29 1906 (28) J. S. Sloudermire 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.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.
City of Columbia

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