Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
92093

(1) PLACE OF BIRTH

County of Marion

Township of Fork Dam

or

Inc. Town of ..... Registration District No. 4223 Registered No. 52 (For use of Local Registrar)

or

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 5

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 5 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hill Sanders

(9) PRESENT POSTOFFICE OF FATHER S C

(10) COLOR OR RACE Blk

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Stewart

(15) PRESENT POSTOFFICE OF MOTHER S C

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha Kelly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Carlisle

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 Dec 15 1916 (28) [illegible]
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.

No. 1—Is one of SEVENS OF BIRTHS and a SEPARATE BLANK for each child, and must be filled in by the Clerk of Court, of Columbia, PRESS-BORN, No. 2, THE OFFICIAL, No. 2, etc., in question 5.