

(1) PLACE OF BIRTH

County of Laurens
 Township of Laurens
 Inc. Town of Laurens
 or Laurens
 City of Laurens

CERTIFICATE OF BIRTH

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

Registration District No. 21

File No. - For State Registrar Only

7559Registered No. 18
(For use of Local Registrar)

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

(2) Full Name of Child Annice P. Sanford

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

3. BOY OR GIRL Girl4. Twin or Triplet No5. Number in order of birth 16. Are Parents Married Yes7. DATE OF BIRTH July 26, 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Alvanice Sanford9. PRESENT POSTOFFICE OF FATHER Mountville R7A10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(Year)12. BIRTHPLACE Laurens County13. OCCUPATION Farmer20. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Harris Tucker15. PRESENT POSTOFFICE OF MOTHER Mountville R7D16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Year)18. BIRTHPLACE Laurens Co.19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Miss Catherine Palmer(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens

(Given name added from a supplemental report)

Janie Fairer
June 6, 1923(26) Witness Carrie E. Emery(27) Filed 3/10 1923 (28) Chernocky
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.

(29) Filed 3/10 1923 (30) Chernocky
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