

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Rocky Creek  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only  
 22720

Registration District No. 4146 Registered No. 56  
 (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 Fannie Sanders (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 6, 1923</u> (Month of birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Ella Young</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rembert SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Rembert SC</u>	
(10) COLOR OR RACE <u>Wyo</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Wyo</u>		
(12) BIRTHPLACE <u>Sumter Co</u>		(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(13) OCCUPATION <u>Farm Laborer</u>		(18) BIRTHPLACE <u>Sumter Co</u>		
		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Shirley at 7:20 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Fisher (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Rembert

Given name added from a supplemental report

(26) Witness N. C. Harline  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 13, 1923 (28) N. C. Harline  
 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.