

(1) PLACE OF BIRTH

County of *Darlington*Township of *Ramoth*

or

Inc. Town of

or

City of

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

(2) Full Name of Child *Rice Sanders*File No.—For State Registrar Only
48787

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *15.04* Registered No. *143*

(For use of Local Registrar)

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

Is the number only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Sanders Jr

(9) PRESENT POSTOFFICE OF FATHER

Ramoth SC(10) COLOR OR RACE *negro*

(11) AGE AT LAST BIRTHDAY

34
(Years)

(12) BIRTHPLACE

Darlington Co

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Hannie Moore

(15) PRESENT POSTOFFICE OF MOTHER

Ramoth SC(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY

30
(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* *Am* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Beake Sanders midwife*

(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 23 is signed by mark)

(27) Filed *1/15* 19*16* (28) *S.W. D. Moore* 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.

N. B.—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 5.

McCl McCaw of Columbia.