

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 6.

McCauley, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Greenville
 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.)

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

File No. — For State Registrar Only
56053

Registration District No. 2205 Registered No. 28
 (For use of Local Registrar)

(2) Full Name of Child, Walter Kate Saunders { If child is not yet named, make supplemental report as directed

(3) Is this GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>Is to be answered only in case of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>22 Jan 18</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Ben Saunders</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Patten</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hamp Path 5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hamp Path 5</u>	
(10) COLOR <u>Black</u> OR RACE <u>Black</u>			(16) COLOR <u>Black</u> OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Sumner SC</u>			(18) BIRTHPLACE <u>Sumner SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>5</u> }			(21) Number of children of this mother now living, including present birth { <u>4</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John W. Smith
 (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife 186

Given name added from a supplemental report 191...
 191...
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 28 191... (28) C. B. Smith 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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