

Form No. 3

(1) PLACE OF BIRTH

County of UnionTownship of Bagsvilleor Inc. Town of Buffaloor City of Evadys

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

(2) Full Name of Child Carleton Sanders (If child is not yet named, make supplemental report as directed)3. BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 4283 (6) Are Parents Married Yes (7) DATE OF BIRTH April 13, 1923FATHER. (8) FULL NAME Arthur Sanders (9) PRESENT POSTOFFICE OF FATHER Buffalo S.C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (12) BIRTHPLACE Union S.C. S.C. (13) OCCUPATION FarmerMOTHER. (14) NAME BEFORE MARRIAGE Lena Murphy (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (18) BIRTHPLACE Union S.C. S.C. (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born white at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo S.C.(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jae F. Edwards(27) Filed July 10, 1923 (28) Local Registrar Jae F. EdwardsGiven name added from a supplemental report Carleton

When there was no attending physician or midwife, when 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.