

(1) PLACE OF BIRTH

County of Richmond

Township of

Inc. Town of

City of Robert S. Sauer

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1 ANo. 3143

3143

Registered No. 218

(For use of Local Registrar)

(2) Full Name

Robert S. Sauer

(3) SEX OF CHILD

(4) TIME OF BIRTH

(5) NUMBER OF CHILDREN

(6) ARE PARENTS MARRIED

(7) DATE OF BIRTH

(8) FULL NAME OF FATHER

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) NUMBER OF CHILDREN BORN TO MOTHER

(15) FULL NAME OF MOTHER

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY

(19) BIRTHPLACE

(20) OCCUPATION

(21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING

(22) I hereby certify that I attended the birth of this child, who was alive at 8:40 P. M., 7/12/1922 the date above stated.(23) (Signature) T. C. Bowser

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Address of Physician or Midwife

(27) Address of Physician or Midwife

(28) Address of Physician or Midwife

(29) Address of Physician or Midwife

(30) Address of Physician or Midwife

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.

MACHINE PRINTED FOR BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.