

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.

(1) PLACE OF BIRTH
County of York
Township of York
or
Inc. Town of
or
City of York (No. St.; Ward)
(If birth occurs 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

File No.—For State Registrar Only
54110

Registration District No. 44-2 Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Avery C. Sanders } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH March 20, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sherman Sanders
(9) PRESENT POSTOFFICE OF FATHER York, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Years)
(12) BIRTHPLACE York Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Carrie White
(15) PRESENT POSTOFFICE OF MOTHER York, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE York Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Addie T. Wilfang
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York S.C.

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

(26) Witness P. W. Hunter
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed March 1916 (28) M. J. Warden 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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