

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 S. Caw. of Columbia.

(1) PLACE OF BIRTH
 County of Union
 Township of Union
 or
 Inc. Town of Union
 or
 City of Union (No. 227 Main St.; 0 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
79541

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Gus P Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Louisa A. Leckette</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Union, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union, S.C.</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union Co., S.C.</u>	(18) BIRTHPLACE <u>Tenderson Co., S.C.</u>			
(13) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Walter Henry M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report: _____
 _____, 1916
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filed Sept 13 1916 (28) D. G. Carratt 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.