

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.
Sav. 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.; 9 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? to be answered only in case of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 26</u> 191 <u>6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Gus D Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Louisa A. Leckette</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union, SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>Union Co., SC</u>		(18) BIRTHPLACE <u>Tenderloin, SC</u>		
(13) OCCUPATION <u>Merchant</u>		(19) OCCUPATION <u>Housekeeper</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 Perry MD
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Physician Union, SC

Given name added from a supplemental report
..... 101

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

before the fifth month of pregnancy.

fifth month of pregnancy.