

(1) PLACE OF BIRTH

County of *Alfred*Township of *Alfred*

In Town of

City of

CERTIFICATE OF BIRTH

Province of NEW BRUNSWICK

Bureau of Vital Statistics

State Board of Health

Registration District No. *101*Registered No. *2710*

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child *LeRoy Sanders* If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <i>Boy</i>	(4) Type of Twin <i>To be recorded only in case of Twin or Triple</i>	(5) Number in order of birth <i>1</i>	(6) Age of Mother <i>24</i>	(7) DATE OF BIRTH <i>Feb 9 1923</i>
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FATHER.		MOTHER.	
(8) FULL NAME <i>John Zumbor Sanders</i>	(10) NAME BEFORE MARRIAGE <i>Mattie Robinson</i>		
(9) PRESENT ADDRESS <i>Willittville SC</i>	(11) PRESENT ADDRESS OF MOTHER <i>Willittville SC</i>		
(12) COLOR OR RACE <i>Negro</i>	(13) COLOR OR RACE <i>Negro</i>		
(14) AGE AT LAST BIRTHDAY <i>30</i>	(15) AGE AT LAST BIRTHDAY <i>27</i>		
(16) BIRTHPLACE <i>South Car</i>	(17) BIRTHPLACE <i>South Car</i>		
(18) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House Wife</i>		
(20) Number of children born to mother, including present birth <i>Four</i>	(21) Number of children of this mother now living, including present birth <i>Four</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... *Alive* ... at... *3:12 P.M.* ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ellen Zumbor*(24) Name, position, residence or address of Physician or Midwife *Willittville SC*(25) Address of Physician or Midwife *Willittville SC*(26) Given name of child at birth *LeRoy Sanders*(27) Date of birth *Feb 9 1923*(28) Signature of Registrar *John Zumbor*(29) Date of registration *Feb 9 1923*