

(1) PLACE OF BIRTH

County of

Sumter

Township of

Stateburg

Inc. Town of

City of

(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
47568

Registration District No. 4109

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child *Helian Jackson Sanders*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Jan. 21*191*4*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elizabeth Sanders

(9) PRESENT POSTOFFICE OF FATHER

Dagell. S. Co.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Sumter Co.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Reaney Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Dagell. S. Co. R#1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Sumter Co.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 o'clock A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elizabeth Sanders*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Father**Dagell S. Co.*

Given name added from a supplemental report

*Jan. 21 1914**W. D. Ward*

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb. 1 1914

(28)

Benj. Sanders

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.