

(1) PLACE OF BIRTH

County of Sumter

Township of Stateburg

or  
Inc. Town of .....

or  
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)

St.; ..... Ward)

(2) Full Name of Child Helia 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 1946

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elizabeth Sanders

(14) NAME BEFORE MARRIAGE Mirtha Reaves Jackson

(9) PRESENT POSTOFFICE OF FATHER Dagell. S. C.

(15) PRESENT POSTOFFICE OF MOTHER Dagell. S. C. R#1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sumter Co

(18) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(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.C.

Given name added from a supplemental report

Jan offd 4/5/43 191....

Wm. E. Woodward  
Registrar

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

(27) Filled Feb. 1 191. 4. (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 required of stillbirths before the fifth month of pregnancy.

Form No. 10. MARRIAGE REGISTERED FOR BONDING. WHITE PLAINLY. WITH ENFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the MOTHER, or CHILDREN.