

MAISON RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Williamsburg  
 Township of Low  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
66600

Registration District No. 4.304 Registered No. 21  
 (For use of Local Registrar)

(2) Full Name of Child Jane Sanders

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 22nd 1916  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Peter Sanders  
 (9) PRESENT POSTOFFICE OF FATHER Heinemann, S. C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Williamsburg, S. C.  
 (13) OCCUPATION Farm laborer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Rebecca Murray  
 (15) PRESENT POSTOFFICE OF MOTHER Heinemann, S. C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Williamsburg, S. C.  
 (19) OCCUPATION Farm laborer  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adriana Miller  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Heinemann, S. C.

Given name added from a supplemental report  
 .....  
 .....  
 .....  
 19 ....  
 Registrar

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 30th 1916 (28) Albert R. Moreley 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.