

## (1) PLACE OF BIRTH

County of AndersonTownship of 1stor  
Inc. Town ofCity of Anderson (No. 1 St.; 1 Ward)

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

(2) Full Name of Child James Louis Sadden

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

(3) ~~Boy~~ or  
GIRL?(4) ~~Twins~~  
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in  
order of birth 1(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Aug. 26, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Samuel Sadden(9) PRESENT  
POSTOFFICE  
OF FATHER Anderson S.C.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 23  
(Years)(12) BIRTHPLACE Oconee Co. S.C.(13) OCCUPATION Mill Laborer(20) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Blossie Carr(15) PRESENT  
POSTOFFICE  
OF MOTHER Anderson S.C.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 22  
(Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION House Wife(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 2 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. M. A. Thomas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report

(26) Witness

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

(27) Filed

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(28)

Local Registrar

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.

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