

(1) PLACE OF BIRTH

County of Barnwell
 Township of Red Oak
 or
 Inc. Town of Swallow
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

12953

Registration District No. 12.9... Registered No. 3.2...
 (For use of Local Registrar)

City of (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 Morrison Sanders If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 22, 1920
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morrison Sanders
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38
 (Years) (12) BIRTHPLACE S.C.
 (13) OCCUPATION farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elegia Hally
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 34
 (Years) (18) BIRTHPLACE S.C.
 (19) OCCUPATION farmer

(20) Number of children born to mother, including present birth 1 4

(21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Carter

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

Given name added from a supplemental report

(26) Witness M. B. Carter
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 4, 1920 (28) M. B. Carter
 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.

WRITES PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN B.—In case of twins use TRIPLER and a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, TWIN OTHER, No. 2, in question 5.