

## (1) PLACE OF BIRTH

County of Oconee

Township of .....

or  
Inc. Town of Walhallaor  
City of .....

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

(2) Full Name of Child Annie Maye Sanders Child is not yet named, make supplemental report as directed

(3) SEX OR <u>Female</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Age <u>2 years</u> Married?	(7) DATE OF BIRTH <u>April 5, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>John Alfred Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Paula Jane Nix</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Walhalla S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Walhalla S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Pickens Co. S.C.</u>	(18) BIRTHPLACE <u>Pine Mt. Ga.</u>	(13) OCCUPATION <u>Police</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John A. Sanders(24) State whether Physician or Midwife (25) Address of Physician or Midwife Walhalla S.C.Given name added from a supplement-  
tal report

....., 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 7/2 1916 (28) R. A. McLean  
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.

MARGIN RESERVED FOR BINDING.  
WHITE 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 5.

Caw. of Columbia

File No.—For State Registrar Only

49989