

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 8.

(1) PLACE OF BIRTH

County of Marlboro

Township of Pennettsville

or Inc. Town of

or City of

(No. .... St.; .... Ward)  
(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

86648

Registration District No. 33-A

Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Nellie Sanders

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 29<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. P. Sanders

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

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 41  
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Printer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Price

(15) PRESENT POSTOFFICE OF MOTHER Pennettsville S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Hair

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pennettsville S.C.

Given name added from a supplemental report

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

(27) Filed Nov 28<sup>th</sup> 1916 (28) W. W. Pate 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.