

## (1) PLACE OF BIRTH

County of Pickens  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of Liberty

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

No. 18.—For State Registrar Only  
**18841**

Registration District No. 3705 Registered No. 69  
 (For use of Local Registrar)

(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 Annie Mae 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 event of Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH June 15 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Washington Sanders  
 (9) PRESENT POSTOFFICE OF FATHER Liberty, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE Pickens Co., S.C.  
 (13) OCCUPATION Textile

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ora McJunkins  
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Pickens Co., S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 2

(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Hour M. or P. M.)

(23) (Signature) W. A. Sheldon M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Liberty S.C.

(If name added from a supplemental report)

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

(27) Filed July 8 1923 (28) John P. Bagge Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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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