

## (1) PLACE OF BIRTH

County of Linn

Township of .....

Inc. Town of .....

City of Linn

(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

No. 11.-For State Registrar Only

30414

Registration District No. 42-ARegistered No. 136

(For use of Local Registrar)

## (2) Full Name of Child

Roy Clarence Sanders

Child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(3) Number in order of birth	(5) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>9/5</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Roy C. Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Alma Canthen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Linn</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Linn</u>	
(10) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(16) BIRTHPLACE <u>Lancaster Co</u>	
(12) BIRTHPLACE <u>Linn Co</u>			(18) OCCUPATION <u>H. Thips</u>	
(13) OCCUPATION <u>Salesman</u>			(19) Number of children of this mother now living, including present birth <u>Three</u>	
(20) Number of children born to mother, including present birth <u>Three</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 4:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Robert H. Brown  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Linn, Mo

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10-10-23 (28) S. J. Darrell 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.

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