

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Wentworth  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30964

Registration District No. 2905 Registered No. 77  
 (For use of Local Registrar)

(2) Full Name of Child Lila Belle Sanders

(1) BOY OR GIRL Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Sept 18 1905  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (6) If child is not yet named, make supplemental report as directed.

FATHER: (7) FULL NAME Laurance Sanders

(8) PRESENT POSTOFFICE OF FATHER Monroeville, Ga.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Lancaster, S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 6

MOTHER: (14) NAME BEFORE MARRIAGE Ellen Sanders

(15) PRESENT POSTOFFICE OF MOTHER Monroeville, Ga.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Lancaster, S. C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Sanders (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Monroeville, Ga.

Given name added from a supplemental report

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

(27) Filed Sept 21 1905 (28) [Signature] 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.