

## (1) PLACE OF BIRTH

County of Baumberg  
 Township of Baumberg  
 OR  
 Inc. Town of.....  
 OR  
 City of Greenville

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40014

Registration District No. 400 Registered No. 166  
 (For use of Local Registrar)

City of ..... (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 Elmer Sanders (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 1924</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Sanders</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Bryant</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Baumberg S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Baumberg, S. C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Baumberg</u>			(18) BIRTHPLACE <u>Baumberg</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. J. Buckner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report  
offered 8-1-47

(26) Witness .....  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 1/1 19 24 (28) John Casner 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.