

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

NOTARY OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Florence

Township of Florence

or Inc. Town of Florence

or City of Florence

(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

72686

Registration District No. 20 A Registered No. 213
(For use of Local Registrar)

(2) Full Name of Child Minnie E. Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ed Sanders
(9) PRESENT POSTOFFICE OF FATHER Florence S. C.
(10) COLOR OR RACE col
(11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE N. Carolina
(13) OCCUPATION Rail Road
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lovie Sanders
(15) PRESENT POSTOFFICE OF MOTHER Florence S. C.
(16) COLOR OR RACE col
(17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE N. Carolina
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. R. Mosley

(24) State whether Physician or Midwife midwife

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

Given name added from a supplemental report

(26) Witness M. R. Mosley
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 2 1916 (28) M. R. Mosley 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.