

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.

NO. 100-1000 OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Florence
 Township of 11
 or
 Inc. Town of Florence Registration District No. 20 A Registered No. 213
 or
 City of 11 (No. St.; Ward)
 (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

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? 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 six

MOTHER.

(14) NAME BEFORE MARRIAGE Louise 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 one

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

 _____ 19 _____
 Registrar

(26) Witness _____
 (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.