

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of Brandonville  
or  
City of Greenville  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2209A Registered No. 243  
(For use of Local Registrar)  
(No. 14 Bennett St.; ..... Ward)  
(2) Full Name of Child Wm Paul Sanders If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>23</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 24</u> (Name of Month) (Day) (Year)
FATHER. 8) FULL NAME <u>Wm Paul Sanders</u> 9) PRESENT POSTOFFICE OF FATHER <u>Brandonville Greenville</u> 10) COLOR OR RACE <u>W</u> 11) AGE AT LAST BIRTHDAY <u>23</u> (Years) 12) BIRTHPLACE <u>Greenville SC</u> 13) OCCUPATION <u>Police Worker</u>			MOTHER. 14) NAME BEFORE MARRIAGE <u>Agnes Ada Bell Hogan</u> 15) PRESENT POSTOFFICE OF MOTHER <u>Brandonville Greenville</u> 16) COLOR OR RACE <u>White</u> 17) AGE AT LAST BIRTHDAY <u>19</u> (Years) 18) BIRTHPLACE <u>Greenville SC</u> 19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</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 8:10 P.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Chas. Kenna  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Greenville 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 Aug 9 1941 (28) 9747 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.

Remittentary 5-15-41 (Date of) May 1941 Registrar 9747