

THIS FORM IS A PERMANENT RECORD. WITH VIVIPAROUS BIRTHS—THIS IS A PERMANENT RECORD. 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 1.

(1) PLACE OF BIRTH County of <u>Spartanburg</u> Township of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		No. <u>37525</u> —For State Registrar Only	
Inc. Town of <u>Spartanburg</u> City of		Registration District No. <u>40-a</u>		Registered No. <u>176</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Roy Alexander</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	Number in order of birth	(5) Age Parents Married <u>Yea</u>	(7) DATE OF BIRTH <u>2/9/23</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>E. H. Saunders</u>			(14) NAME BEFORE MARRIAGE <u>Annie E. Kennedy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>City</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>W</u>		(17) AGE AT LAST BIRTHDAY <u>79</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u>Restaurant</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alvin</u> on the date above stated. (Born <u>live</u> or stillborn) (Hour <u>9 P.</u> M. or P. M.)					
(23) (Signature) <u>James Allen</u>			(24) Address of Physician or Midwife		
(25) State whether Physician or Midwife			(26) Address of Physician or Midwife		
Given name added from a supplemental report <u>Janie Lacey</u>			(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Feb. 25</u> 19 <u>23</u> Hospital			(27) FILED <u>12-1-23</u> (28) <u>Jan. Cohen</u> 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 required of stillbirths before the fifth month of pregnancy.

State of South Carolina,
County of Spartanburg.

Personally appeared before me E. H. Sanders, who first being duly sworn says that he is the father of Roy Allen Sanders, who was born in the City of Spartanburg, S. C. on Feb 9, 1923, and and in as much as his name Does not appear in the record of his birth ask that the name of Roy Allen Sanders be inserted therein.

Sworn to before me this
29th day of November 1940.

Walter B. Adams
Notary Public for S. C.

E. H. Sanders

Name of child, Roy Allen Sanders.
Place of Birth, Spartanburg,
Date of Birth Feb 9, 1923
Name of Father, E. H. Sanders
Name of Mother, Annie E. Kennedy,
Dr. Jas W. Allen.