

(1) PLACE OF BIRTH

County of FlamanceTownship of Laheor
Inc. Town of Leo JcCity of Leo Jc
(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

49072

Registration District No. 2009 Registered No. 13
(For use of Local Registrar)(2) Full Name of Child Mary M. Sanders { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morey Sanders(9) PRESENT POSTOFFICE OF FATHER Leo Jc.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Wm Burg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Phillis McKnight(15) PRESENT POSTOFFICE OF MOTHER Leo Jc.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Wm Burg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha A. Porter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Leo Jc.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/6 1916 (28) R. L. Carter 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.

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