

(1) PLACE OF BIRTH

County of Flamence

Township of Lake

or
Inc. Town of Leo Jc

or
City of Leo Jc

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)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary M. 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> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 25 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Morey Sanders

(9) PRESENT POSTOFFICE OF FATHER Leo S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE Wm's 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 S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Wm's 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 Boston

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leo, S.C.

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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*In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the