

(1) PLACE OF BIRTH

County of SumterTownship of Providence

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Mary Manago Sanders

File No.—For State Registrar Only

53913

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 41.05 Registered No. 30

(For use of Local Registrar)

St.: Ward)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 3 1916</u> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	-------------------------------------	---

FATHER.

9) FULL NAME Wm. Sanders10) PRESENT POSTOFFICE OF FATHER Dalzell S.C.11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 22 (Years)13) BIRTHPLACE S.C.14) OCCUPATION Farm Hand15) Number of children born to mother, including present birth 1

MOTHER.

16) NAME BEFORE MARRIAGE Rhodie Long17) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 17 (Years)20) BIRTHPLACE S.C.21) OCCUPATION Domestic22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive at 3-2-M. (Hour A. M. or P. M.) on the date above stated.(24) (Signature) Effie M. Anderson(25) State whether Physician or Midwife (26) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

191...

Registrar

(27) Witness Mrs. Eva Burkette (Signature of Witness necessary only when question 23 is signed by mark)(28) Filed March 11 1916 (29) B. M. Laughlin 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.

*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.

Form No. 10.
 WHEN PRINTED, WITH CERTAINING, FOR USE IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, N. B. 1. THE OTHER, N. B. 2. ETC. TO QUESTION 5.

W
 M
 McCaw