

(1) PLACE OF BIRTH

County of Yamboo

Township 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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53913

Registration District No. 41.05 Registered No. 30
(For use of Local Registrar)

2) Full Name of Child Mary Manago Sanders If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 3 1916
(Name of Month) (Day) (Year)

FATHER.

9) FULL NAME Wania Sanders

10) PRESENT POSTOFFICE OF FATHER Dalzell S.C.

16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farm Hand

20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rhodie Long

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

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

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3-2-16 (Hour A. M. or P. M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) Effie M. Anderson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 11 1916 (28) 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.

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FORM NO. 10. MARCH 1915. REVISED FROM PREVIOUS EDITIONS. PRINTED AT THE STATE PRINTING OFFICE, COLUMBIA, S. C. 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 3.