

## (1) PLACE OF BIRTH

County of *Fairfield*Township of *W 19*

Inc. Town of .....

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

34304

Registration District No. *1908* Registered No. *118*

(For use of Registrar)

Full Name of Child *James Sanders*

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

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>10</i>	(6) Are Parents Married? <i>✓</i>	(7) DATE OF BIRTH <i>Oct. 12</i>
				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>John Sanders</i>	(14) NAME BEFORE MARRIAGE <i>Ann Coleway</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Winnabow S</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Winnabow S</i>
(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>30</i>	(16) COLOR OR RACE <i>col</i>	(17) AGE AT LAST BIRTHDAY <i>39</i>
(18) BIRTHPLACE <i>Savannah Ga</i>	(18) BIRTHPLACE <i>Fairfield Ga</i>	(19) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Farmer</i>
(20) Number of children born to mother, including present birth <i>10</i>	(21) Number of children of this mother now living, including present birth <i>10</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Hour A. M. or P. M.) *6:30 a*(23) (Signature) *Farmel Cook*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Winnabow S*

Given name added from a supplemental report

191....

Registrar

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

(27) Filed *Oct. 17, 1912* (28) *State 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.