Form No. 3

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
75933

(1) PLACE OF BIRTH

County of Calhoun

Township of Pine Grove

or Inc. Town of Lone Star SC

or City of ..... (No. ....., ... St.; ..... Ward)

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

Registration District No. 803 Registered No. 88
(For use of Local Reistrar)

(2) Full Name of Child. Pearl Sanders

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

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2

To be answered only in event of Twins or Triplets

(6) Are Parents Married? no

(7) DATE OF BIRTH Sept. 19, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morris Sanders

(9) PRESENT POSTOFFICE OF FATHER Ft Motte SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Ft Motte S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Priscilla Thomas

(15) PRESENT POSTOFFICE OF MOTHER Ft Motte SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Ft Motte S.C.

(19) OCCUPATION House girl

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Wright

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Ft Motte SC

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Mrs J T Sowdermire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 26 1916 (28) J T Sowdermire 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

McCaw, of Columbia.