

(1) PLACE OF BIRTH

County of DurhamTownship of 1000Inc. Town of 1000City of 1000

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

(2) Full Name of Child

Edward Sanders Jr.

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

11

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

10 June 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Sanders

(9) PRESENT POSTOFFICE OF FATHER

1000

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

1000

(13) OCCUPATION

1000

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

11

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Angeline Garner

(15) PRESENT POSTOFFICE OF MOTHER

1000

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 born at 1000 M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Judy X. Garner

(24) State whether Physician or Midwife, and Address of Physician or Midwife

Midwife 1000

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) File

June 23, 1916

(28)

F. H. Boyd M.D. 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. 1
MARGIN RESERVED FOR BINDING
WHITE 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.
McGraw-Hill Co., New York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63147

Registration District No. 502 Registered No. 25-

(For use of Local Registrar)

St.: 1000 Ward: