

(1) PLACE OF BIRTH

County of UnionTownship of Fish Damor
Inc. Town of
orCity of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Wash Sartor { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE Aug. 2, 1916
To be answered only in event of Twins or Triplets BIRTH (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Grant Sartor(14) NAME BEFORE MARRIAGE Marie Dawkins(9) PRESENT POSTOFFICE OF FATHER Carlisle(15) PRESENT POSTOFFICE OF MOTHER Carlisle(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 31 (Years)(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.S.(18) BIRTHPLACE S.S.(13) OCCUPATION Farming(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(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 slip at 9 9 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Reed, Henry(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Carlisle, S.C.

Given name added from a supplemental report

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

(27) Filed Sep 16 1916 (28) P. H. Jeter 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 FULLY, 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.

Cav. of Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

75012

Registered No. 35
(For use of Local Registrar)Registration District No. 4203