

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Red Bluff
 or
 Inc. Town of ?
 or
 City of ? (No. St.; Ward)
 (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

39416

Registration District No. Registered No. 146
 (For use of Local Registrar)

(2) Full Name of Child Eva Ann Sanderson (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Neil P. Sanderson(9) PRESENT POSTOFFICE OF FATHER Hasty N.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)(12) BIRTHPLACE Robeson Co. N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Ann Russell(15) PRESENT POSTOFFICE OF MOTHER Hasty N.C. R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Marlboro Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Douglas Hauer(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCall St.

Given name added from a supplemental report

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

(27) Filed Dec 22 1922 (28) J. M. Marsh 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.

REMARKS: In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, 3, etc. in question 6.