

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.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 2px; display: inline-block;">87707</div>
County of <u>Union</u>		Registration District No. <u>4202</u>		Registered No. ....
Township of <u>Eschen Hill</u>				(For use of Local Registrar)
City 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 <u>Annie Sanders</u>				If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 12 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Jiva Sanders</u>		(14) NAME BEFORE MARRIAGE <u>Sarah Goree</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Blair Sc</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Blair Sc</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Sc</u>		(18) BIRTHPLACE <u>Sc</u>		
(13) OCCUPATION <u>Laborer</u>		(19) OCCUPATION <u>Laborer</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Emma Boyd</u>		(25) Address of Physician or Midwife <u>Blair Sc</u>		
(24) State whether <u>Physician or Midwife</u>				
Given name added from a supplemental report		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....		(27) Filed <u>Nov 13 1916</u> (28) ..... 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.				

RECORD OF COLUMBIA, COLUMBIA, S. C.