Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 5503

(1) PLACE OF BIRTH

County of York

Township of Bethesda

or Inc. Town of .....

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

Registration District No. 4401 Registered No. 11 (For use of Local Registrar)

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

(2) Full Name of Child Leddie 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	(6) Are Parents Married?	(7) Date of Birth: (Month)	(Day)	(Year)
girl	[illegible]		yes	Sept	19	1923

To be answered only in event of Twins or Triplets

FATHER.

(8) Full Name: Will Sanders

(9) Present Postoffice of Father: Guthries S.C.

(10) Color or Race: Colord (11) Age at Last Birthday: 30 (Years)

(12) Birthplace: York County

(13) Occupation: farming

(14) Number of children born to mother, including present birth: 12

MOTHER.

(14) Name before Marriage: mairh Ware

(15) Present Postoffice of Mother: Guthries S.C

(16) Color or Race: Colors (17) Age at Last Birthday: 19 (Years)

(18) Birthplace: York county

(19) Occupation: farming

(20) Number of children of this mother now living, including present birth: 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a.m. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Midwife Ruth Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Guthries S.C.

Given name added from a supplemental report

..... 19....

Registrar

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

(27) Filed Mar 1 1923 (28) J. N. Lowe 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.

R. Burden, Supt. of Documents, S. C.

PENALTY. WHEN DELAYED BEYOND ONE YEAR IS A PERMANENT RECORD. FAILURE OR REFUSAL TO FURNISH INFORMATION REQUIRED BY THIS CERTIFICATE IS A MISDEMEANOR PUNISHABLE BY A FINE OF NOT MORE THAN $100. TWINS OR TRIPLETS MUST HAVE A SEPARATE BLANK FOR EACH CHILD, and each one FURNISHED. No. 1. THIS OTHER, No. 2, etc., in question 5