

## (1) PLACE OF BIRTH

County of LaurinTownship of Laurin

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4400

Registration District No. 2904 Registered No. 119

(For use of Local Registrar)

(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 Lucile Sanderson child is not yet named, make supplemental report as directed3. BOY OR GIRL? Girl4. Twin or Triplet? No5. Number in order of birth 16. Are Parents Married? Yes7. DATE OF BIRTH Jul 25 23

(Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Clarence Sanderson9. PRESENT POSTOFFICE OF FATHER Laurin R. D.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 35

(Years)

12. BIRTHPLACE Laurin Co.13. OCCUPATION Farmers.20. Number of children born to mother, including present birth 4

## MOTHER.

14. NAME BEFORE MARRIAGE Ella Rose Hatcher15. PRESENT POSTOFFICE OF MOTHER Laurin R. D.16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 34

(Years)

18. BIRTHPLACE Laurin Co.19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jul 28 23 (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.

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MAKING REMOVED FOR REVISION.

WRITE PLAINLY. WITH UNIFORM INK—THIS IS A PERMANENT RECORD.

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 8.

Begin on Column. Column B C