

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

County of Grant  
Township of Grant  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 2400 Registered No. 60  
(For use of Local Registrar)

File No.—For State Registrar Only  
77455

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

(2) Full Name of Child Hammie Sanders If child is 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 Sept. 21, 1906  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ed Sanders  
(9) PRESENT POSTOFFICE OF FATHER Garnet  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40  
(12) BIRTHPLACE Hampton Co  
(13) OCCUPATION Farm  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Lora Grant  
(15) PRESENT POSTOFFICE OF MOTHER Garnett  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40  
(18) BIRTHPLACE Hampton Co  
(19) OCCUPATION Farm & Housewife  
(21) 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 alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Grayson Hammett SC  
(24) State whether Physician or Midwife X (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 930 19 06 (28) W. E. Hutchinson 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.