

(1) PLACE OF BIRTH

County of BarnwellTownship of Buford Bridgeor
Inc. Town of Clayor
City of Clay

(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

Registration District No. 401

File No.—For State Registrar Only

40935

Registered No. 143
(For use of Local Registrar)(2) Full Name of Child Herman Sanders, Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH Dec 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEHerman Sanders(9) PRESENT
POSTOFFICE
OF FATHERClay Se(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 21
(Years)

(12) BIRTHPLACE

Clay Se

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEAnnette Moody(15) PRESENT
POSTOFFICE
OF MOTHERClay Se(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 18
(Years)

(18) BIRTHPLACE

Barnwell Co

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Hartog

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Clay SeGiven name added from a supplement
reportM. B. 409352-25-43

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 10 1943(28) J. E. Bennett
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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