

MAKING REMOVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH
 County of Anderson
 Township of Anderson
 Inc. Town of Anderson
 City of Anderson
 (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

File No.—For State Registrar Only
16699

Registration District No. 315 Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Geneva Louise (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <input checked="" type="checkbox"/> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1923</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	---------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Claude Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Maclie Sullivan</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Anderson, R #2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson, R #2</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Georgia</u>	(13) OCCUPATION <u>farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>domestic</u>
(20) Number of children born to mother, including present birth <u>11</u>		(21) Number of children of this mother now living, including present birth <u>11</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Luten
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Anderson

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. L. Hasty
 (27) Filed July 10, 1923 Local Registrar.

(Given name added from a supplemental report)

19 1923 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.

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.

Sec. of Columbia, Columbia, S. C.