

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

or  
Inc. Town of .....or  
City of .....

(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

42324

Registration District No. 20-A Registered No. 398  
(For use of Local Registrar)(2) Full Name of Child Eura Lee 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 23 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 21 1922  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME James Sanders  
(9) PRESENT POSTOFFICE OF FATHER Laurens  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(12) BIRTHPLACE Laurens  
(13) OCCUPATION —MOTHER.  
(14) NAME BEFORE MARRIAGE Ethel Wright  
(15) PRESENT POSTOFFICE OF MOTHER Laurens  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20  
(18) BIRTHPLACE Laurens  
(19) OCCUPATION 20(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) John A. Williams (24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Address of Physician or Midwife Laurens

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

(27) Filed 12-27-22 (28) P. H. Brigham Local Registrar

\*When there is 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.