

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.

RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Albermarle  
Township of Wilson  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**20778**

Registration District No. 4685 Registered No. 77  
(For use of Local Registrar)

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

(2) Full Name of Child Missie Lou 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 July 11<sup>th</sup> 1927  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Henry Sanders</u>		(14) NAME BEFORE MARRIAGE	<u>Lilla Wilson</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Estill S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Estill S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>Negro</u> <u>46</u> (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>Negro</u> <u>25</u> (Years)
(12) BIRTHPLACE	<u>Lanstonville S.C.</u>		(18) BIRTHPLACE	<u>Near Lanstonville S.C.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Aline ...at 2... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miley F. Duncan  
(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Juray S.C.

Given name added from a supplemental report ✓

(26) Witness R.H. Salmons Jr.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 20 1927 (28) J.H. Powell Local Registrar

\*When there was no attending physician or midwife, when 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.