

(1) PLACE OF BIRTH  
 County of Berkeley  
 Township of 12th St. James St.  
 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  
84464

Registration District No. # 2nd Registered No. 36  
 (For use of Local Registrar)  
 St.; ..... Ward)

(2) Full Name of Child Caroline Pearl Saunders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Y (7) DATE OF BIRTH Nov 13 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William Anderson  
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Berkeley Co. S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie Wiggins  
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Berkeley Co. S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born alive ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) [Signature]  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report  
Mary J. S. 1917  
[Signature]  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed [Signature] 1916. (28) [Signature] Local Registrar.

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 OTHERS, No. 2, etc., in question 5.  
 (City of Columbia.

\*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.