

FORM NO. 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of # 40  
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  
**48368**

Registration District No. 122 Registered No. 9  
(For use of Local Registrar)  
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Trin</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 14, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Hegnard Saunders  
(9) PRESENT POSTOFFICE OF FATHER Bookman S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Fairfield Co. S.C.  
(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Jones  
(15) PRESENT POSTOFFICE OF MOTHER Bookman S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Fairfield Co. S.C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6

(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. G. X. Stark  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. E. G. Friday  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 16, 1916 (28) E. G. Friday  
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.

McCaw, of Columbia