

(1) PLACE OF BIRTH

County of L. Horry, S.C.Township of Jeffersonor
Inc. Town of Mar. Bluffor
City of Mar. Bluff

(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

Registration District No. 2007

File No.—For State Registrar Only

42826

Register d No. 128
For use of Local Registrar(2) Full Name of Child Carl Lucius Sanders If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 6 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lawrence Sanders</u>			(14) NAME BEFORE MARRIAGE <u>William Hemming</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mar. Bluff, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mar. Bluff, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Mar. Bluff, S.C.</u>			(18) BIRTHPLACE <u>Mar. Bluff, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Field Laborer</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Joseph T. Rhene Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mar. Bluff, S.C.(26) Witness E. J. Davis

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

(27) Filed Dec 15 1915(28) Mrs. J. M. P. Gregg

Local Registrar

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.

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 N. No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia