

(1) PLACE OF BIRTH

County of FairfieldTownship of 12

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

76938

Registration District No. 124 Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child Fannie Sanders

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

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug. 28, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Sanders(9) PRESENT POSTOFFICE OF FATHER Winnabow(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Fairfield S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Christiner Whitener(15) PRESENT POSTOFFICE OF MOTHER Winnabow(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Fairfield S.C.(19) OCCUPATION House Wife(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 at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dolly Gladney(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mid-wife Winnabow S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 17th 1916 (28) N. R. Coker 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.

THIS FORM IS TO BE USED IN ALL CASES OF BIRTHS, DEATHS, AND STILLBIRTHS. IT 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. THIS OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.