

(1) PLACE OF BIRTH

County of Franklin
Township of Franklin
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

Registration District No. 57-1-3

File No. — For State Registrar Only

7596

Registered No.
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child William Harris Sanders

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet? To be answered

(8) Number in order of birth 10

(8) Are Parents Married? *yes*

7) DATE OF BIRTH Jan 18 1923
(Name of Month) (Day) (Year)

FATHER.

(7) FULL NAME J. Ismael Sanders

PRESENT POST OFFICE OF FATHER *Clinton, S. C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *42*

(12) BIRTHPLACE
Mason, David - NC

(15) OCCUPATION *farmer*

20) Number of children born to mother, including present birth 1 Ken

MOTHER.

(14) NAME BEFORE MARRIAGE *Beth Harris*

(18) PRESENT POSTOFFICE OF MOTHER *Clinton, S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37*

(18) BIRTHPLACE Swine Lake, X 9 0

19. OCCUPATION *Student*

(21) Number of children of this mother now living, including present birth *fec 22*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(28) (Signature)

(24) State whether Physician or Non-Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness

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

(207) FPA 6629.....1946

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 an stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Before the 5th month of pregnancy.