

MAKING RESERVED FOR BIRTHING.
 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
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

(1) PLACE OF BIRTH County of <u>Spartanburg</u> Township of <u>Spartanburg</u> 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 44712
Registration District No. <u>4008</u>		Registered No. <u>391</u>		(For use of Local Registrar)		
(2) Full Name of Child <u>Earl Sanders</u>				If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>(Make answer only in case of twins or triplets)</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 14</u> 19 <u>15</u> <small>(Name of Month) (Day) (Year)</small>		
FATHER.				MOTHER.		
(8) FULL NAME <u>Tom Sanders</u>				(14) NAME BEFORE MARRIAGE <u>Mary Gordon</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>		
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)		(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Spartanburg S.C.</u>				(18) BIRTHPLACE <u>Spartanburg S.C.</u>		
(13) OCCUPATION <u>mining</u>				(19) OCCUPATION <u>house wife</u>		
(20) Number of children born to mother, including present birth <u>1 living</u>				(21) Number of children of this mother now living, including present birth <u>1 living</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*						
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ (Born alive or stillborn) Hour <u>2:30</u> of P. M.						
(23) (Signature) <u>Dr. E. J. Carter</u>				(25) Address of Physician or Midwife <u>Columbia S.C.</u>		
(24) State whether Physician or Midwife				(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>E. J. Carter</u>		
Given name added from a supplemental report _____, 191 <u>5</u>				(27) Filed <u>Dec 25</u> 191 <u>5</u> (28) <u>E. J. Carter</u> 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.

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