

MAIN RECORD RECEIVED FOR BIRTHING.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 WRITE PLAINLY. TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark
 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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
 44712

(1) PLACE OF BIRTH
 County of darlington
 Township of Spadetanbury
 or
 Inc. Town of _____
 or
 City of _____ (No. _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4008 Registered No. 391
 (For use of Local Registrar)
 St.: _____ Ward: _____

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

(2) Full Name of Child Earl Sanders

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 14 1915
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Sanders
 (9) PRESENT POSTOFFICE OF FATHER Winnings St
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE darlington Co S.C.
 (13) OCCUPATION ironing
 (20) Number of children born to mother, including present birth 1 living

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gordon
 (15) PRESENT POSTOFFICE OF MOTHER Colonus St
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE darlington Co S.C.
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 1 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was male at _____ (Born alive or stillborn) _____ Hour _____ of P. M.)
 on the date above stated. Dec 14 1915
 (23) (Signature) W. E. Ma...
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Winnings St

Given name added from a supplemental report _____ 181...
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
 (27) Filled Dec 25 1915 (28) E. F. Carter 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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