

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72362

(1) PLACE OF BIRTH *Darlington*

County of *Darlington*

Township of *Society Hill*

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.)

Registration District No. *1510* Registered No. *40*

(For use of Local Registrar)

(2) Full Name of Child *James Sanders* { If child is not yet named, make supplemental report as directed

| | | | | |
|--|----------------------|------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <i>Boy</i> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>June, 28, 1916</i> |
| <i>To be answered only in event of Twins or Triplets</i> | | | | (Name of Month) (Day) (Year) |

FATHER.

MOTHER.

(8) FULL NAME *Stephine Sanders*

(14) NAME BEFORE MARRIAGE *Levia Smith*

(9) PRESENT POSTOFFICE OF FATHER *Society Hill, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Society Hill, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *39* (Years)

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *Darlington Co.*

(18) BIRTHPLACE *Darlington Co.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Housewife*

(20) Number of children born to mother, including present birth { *1* }

(21) Number of children of this mother now living, including present birth { *1* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Susanna Keith*

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

midwife | *Society Hill, 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 *Aug 9, 1916* (28) *A. S. Carpenter* Local Registrar

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, No. 1. THE OTHER, No. 2, etc., in question 5. McCay, of Columbia.

*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.