

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

41292

County of LancasterTownship of Cross Hill

or

Inc. Town of

or

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 Ann Marie Sanders (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Age at birth	(7) DATE OF BIRTH <u>Dec 10</u>
To be answered only in event of Twins or Triplets			Married?	(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Sampson McLean</u>	(14) NAME BEFORE MARRIAGE <u>Charles May Suttle</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cross Hill</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Cross Hill</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(18) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lena W. Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cross Hill

Given name added from a supplemental report

(26) Witness Ann Sanders

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

(27) Filed Dec 19 1923 (28) Mrs. S. A. Sanders 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.

WHEN VISITING THE-THIS IS A PERMANENT RECORD. 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 1.