

(1) PLACE OF BIRTH

County of *Flournoy*Township of *Jefferson*

Inc. Town or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

JUDICIAL OF SOUTHERN CALIFORNIA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registration Only

55827

Registration District No. *2007* Registered No. *148*

(For use of Local Registrar)

(2) Full Name of Child *Ellen Sanders*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

Is it conveyed only in case of twins or triplets

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Essey Sanders

(9) PRESENT POSTOFFICE OF FATHER

Flournoy P.O. R. 1

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

2 1/2 (Years)

(12) BIRTHPLACE

Flournoy Co.

(13) OCCUPATION

Farm Hand

(14) Number of children born to mother, including present birth

{ *2*

MOTHER

(14) NAME BEFORE MARRIAGE

Emma Brockington

(15) PRESENT POSTOFFICE OF MOTHER

Flournoy P.O. R. 1

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

18 (Years)

(18) BIRTHPLACE

Flournoy Co.

(19) OCCUPATION

Field Hand

(20) Number of children of this mother now living, including present birth

{ *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at *4* A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Anna X. Limble*

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

Midwife Flournoy, P.O. R. 1

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness *Mrs. J. M. ...* (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed *Apr. 21, 1916* (28) *Mrs. J. M. ...* 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 stillbirth before the fifth month of pregnancy.

(Definitely)

MARGIN RESERVED FOR BINDING. WHITE 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.