

Form No. 1

(1) PLACE OF BIRTH

County of *Spokane*Township of *Brother*Inc. Town of
or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44626

Registration District No. *4007* Registered No. *130*
(For use of Local Registrar)(No. *SL*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child *Estell Inez Sander* If child is not yet named, make supplemental report as directedBOY OR
GIRL? *girl*(4) Twin
or triplet?(5) Number in
order of birth *1*(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH *Dec 24*
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME *Fortis Lowther*(9) PRESENT
POSTOFFICE
OF FATHER *Cherokee & R2*(10) COLOR
OR
RACE *White* (11) AGE AT LAST
BIRTHDAY *21*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *farming*(20) Number of children born to
mother, including present birth *1*

MOTHER

(14) NAME BEFORE
MARRIAGE *Carrie Ridings*(15) PRESENT
POSTOFFICE
OF MOTHER *Cherokee & R2*(16) COLOR
OR
RACE *White* (17) AGE AT LAST
BIRTHDAY *20*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *housewife*(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 *12* *alive* at *12 20* *P.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Estell Inez Sander*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife *Cherokee & R2*(Given name added from a supplement
report

, 191...

Registrar

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *12/30* 191*5* (28) *313 Blackwell*
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.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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
Cav. of Columbia