

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 OTHERS, No. 2, etc., in question 1.

BORDER OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of York
 OF
 Inc. Town of
 OF
 City of

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

No. 5564—For State Registrar Only

Registration District No. 4408 Registered No. 28
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <u>Feb 26 1923</u>
FATHER			MOTHER	
(8) FULL NAME <u>Marion S. Sanders</u>			(10) NAME BEFORE MARRIAGE <u>Lazetta Pallow</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York Liberty S. C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Liberty S. C.</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
(16) BIRTHPLACE <u>York Co.</u>			(17) BIRTHPLACE <u>York Co.</u>	
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Anderson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Liberty, 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 Feb 28 1923 (28) Piepie Bunn 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.