

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Fairfield
 Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

72639

Registration District No. 1910 Registered No. 27

(For use of Local Registrar)

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug. 15-6
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Sanders

(9) PRESENT POSTOFFICE OF FATHER Wallacerville

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40
 (Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Ellison

(15) PRESENT POSTOFFICE OF MOTHER Wallacerville

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 49
 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Johnson

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

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Aug. 1916 (28) D. L. L. 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.