

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Anderson

(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

37067

Registration District No. 3A

Registered No. 415
(For use of Local Registrar)

(No. 832 St. Louis St.; Ward)

(2) Full Name of Child

Mary Helen Sanders If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 17, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Felix W. Sanders

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Years)

(12) BIRTHPLACE Morgan Co. N.C.

(13) OCCUPATION clerk

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Leford

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE White Co. Ga.

(19) OCCUPATION house wife

(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 2:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Wear (24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
F. B. CRAYTON,

(27) Filed 19 (28) ANDERSON S.C.
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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.