

Form No. 10.  
WHILE 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.  
McGaw, of Columbia

(1) PLACE OF BIRTH

County of Barnwell  
Township of Georgiansburg  
or  
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

48134

Registration District No. 507

Registered No. 2  
(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. Wade Sanders

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

(3) Boy OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 3, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Hampton Sanders  
(9) PRESENT POSTOFFICE OF FATHER Barnwell, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Barnwell Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Sanders  
(15) PRESENT POSTOFFICE OF MOTHER Barnwell, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Barnwell Co  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Living at 8 A.M. (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) Mrs. Nettie Sanders Barnwell, S.C.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Barnwell St. or 707

Given name added from a supplemental report

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

(27) Filed Feb. 8, 1916 (28) R. C. K. K. K. 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.