

(1) PLACE OF BIRTH

County of Newberry
 Township of

City of Newberry

City of Newberry

City of Newberry

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31437

Registration District No. 3408

Registered No. 660
 (For use of Local Registrar)

2) Full Name of Child William Olin Sanders

3) SEX OR
 GENDER

Male

(4) Twin
 or Triplet?

(5) Number in
 order of birth
 To be answered only in case of twins or triplets

(6) Are
 Parents
 Married Yes

(7) DATE OF
 BIRTH Sept. 22, 1902
 (Name of Month) (Day) (Year)

FATHER.

8) FULL
 NAME

R. E. Sanders

9) PRESENT
 RESIDENCE
 OF FATHER

Newberry S.C.

10) COLOR
 OR
 RACE

White

(11) AGE AT LAST
 BIRTHDAY 26
 (Years)

12) BIRTHPLACE

U.S.A.

13) OCCUPATION

Farmer

14) Number of children born to
 mother, including present birth

1

MOTHER.

(14) NAME BEFORE
 MARRIAGE

Marie W. H. H. H.

(15) PRESENT
 POSTOFFICE
 OF MOTHER

Newberry S.C.

(16) COLOR
 OR
 RACE

W

(17) AGE AT LAST
 BIRTHDAY 19
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 Alive, at 3:15 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife
Newberry S.C.

Give name added from a supplement-
 al report

101

Registrar

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

(27) Filed Oct. 4, 1902 (28) D. B. H. H. H. 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.

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