

(1) PLACE OF BIRTH
County of Lancaster
Township of Lancaster
or
Inc. Town of 445
or
City of Lancaster (No. 8 Suburban 4 Ward 4)
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
66497

Registration District No. 42-A Registered No. 104
(For use of Local Registrar)

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

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 22, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Sanders</u>	(14) NAME BEFORE MARRIAGE <u>Eary Mildred Jacob</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster SC</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Lancaster County</u>	(18) BIRTHPLACE <u>Lancaster County</u>	(13) OCCUPATION <u>Lat. Mill</u>	(19) OCCUPATION <u>House wife</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 (Born alive or stillborn) (Hour A. M. or P. M.) 6 P. on the date above stated.

(23) (Signature) Robert P. Perry, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lancaster SC

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 July 1, 1916 (28) S. S. Garratt 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.