CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 12191

(1) PLACE OF BIRTH
County of Sumter
Township of Rafting Creek
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4-J.P.C. Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child Walter 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 event of Twins or Triplets
(5) Number in order of birth 14
(6) Are Parents Married? Yes
(7) DATE OF BIRTH March 17 1921 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hagal Sanders
(9) PRESENT POSTOFFICE OF FATHER Borden SC
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Lang
(15) PRESENT POSTOFFICE OF MOTHER Rembert SC
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 13

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) at 8 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Josephine X Spencer
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Rembert

Given name added from a supplemental report
..... 19 ....
..... Registrar

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

(27) Filed March 19 1921 (28) N C Hallen 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.