

FORM NO. 1.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of Sumter STATE OF SOUTH CAROLINA.  
Township of Wofford Creek Bureau of Vital Statistics  
or State Board of Health  
Inc. Town of ..... Registration District No. 14106

File No.—For State Registrar Only

87639

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) Registered No. 125  
(For use of Local Registrar)(2) Full Name of Child Edward Sanders, Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 3 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Sanders Sr.(9) PRESENT POSTOFFICE OF FATHER Rumbert(10) COLOR OR RACE Wyo (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Field Laborer(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Worth Ellen Robinson(15) PRESENT POSTOFFICE OF MOTHER Rumbert(16) COLOR OR RACE Wyo (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at H. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. J. Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Rumbert

Given name added from a supplemental report

191.....  
Registrar(26) Witness W. Haller

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

(27) Filed Nov 13 1916 (28) W. Haller 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

McGraw-Hill of Columbia.