

FORM NO. 1.

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

87639

Registration District No. 14106 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

nys

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Field Labourer

(20) Number of children born to mother, including present birth

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mortcha Ellen Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Rumbert

(16) COLOR OR RACE

nys

(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 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. H. Ferguson

(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

M. H. Haller

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

(27) Filed Nov 13 1916

(28)

M. H. 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.