

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Sumter (No. 413 W. Boutelle St.; ..... Ward)

(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

32415

(2) Full Name of Child Ruby Ellanora Sanders

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 29, 1922

(To be answered only in case of twins or triplets)

(Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME Eugene M. Sanders(4) PRESENT POSTOFFICE OF FATHER Sumter, S.C.(5) COLOR OR RACE White (6) AGE AT LAST BIRTHDAY 23 (Years)(7) BIRTHPLACE S.C.(8) OCCUPATION Insurance Agt.

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

## MOTHER.

(3) NAME BEFORE MARRIAGE Ruby Adams(4) PRESENT POSTOFFICE OF MOTHER Sumter, S.C.(5) COLOR OR RACE White (6) AGE AT LAST BIRTHDAY 24 (Years)(7) BIRTHPLACE S.C.(8) OCCUPATION Housewife

(9) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 8 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. R. Littlejohn

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Sumter, S.C.

Given name added from a supplemental report

101....

Registrar

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

(27) Filed Oct. 2, 1922 (28) D. O. Browning 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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NOT TO BE USED IN CASE OF TWINNING OR TRIPLETS. THIS IS A PERMANENT RECORD. IN CASE OF TWINNING OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.