

(1) PLACE OF BIRTH

County of ChesterfieldTownship of P.O. Hillor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel May Sanders

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

(3) SEX OR CHILD <u>Girl</u>	(4) Type or Triplet <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Age Previous Marriage <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 28, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Dozier Sanders(9) PRESENT POSTOFFICE OF FATHER Cheran, R. 2(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 25 (Years)(12) BIRTHPLACE Marlboro Co.(13) OCCUPATION Farm laborer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Sanders(15) PRESENT POSTOFFICE OF MOTHER Cheran, R. 2(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 28 (Years)(18) BIRTHPLACE Marlboro Co.(19) OCCUPATION Farm & house work(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vivian Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cheran, R. 2

Given name added from a supplemental report

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

(27) Filed 19 (28) D. J. Matheson 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.