FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
21711

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of ..... Registration District No. 1-d Registered No. 79 (For use of Local Registrar)
or
City of ..... (No. ..... St.; 4th Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessie Sanders Jr. — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
B		To be answered only in event of Twins or Triplets	yes	July (Name of Month) 21st (Day) 1913 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Jessie Sanders	(14) NAME BEFORE MARRIAGE	Susan Allen
(9) PRESENT POSTOFFICE OF FATHER	Abbeville	(15) PRESENT POSTOFFICE OF MOTHER	Abbeville
(10) COLOR OR RACE	Black	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	31	(17) AGE AT LAST BIRTHDAY (Years)	39
(12) BIRTHPLACE	Abbeville S.C.	(18) BIRTHPLACE	Anderson S.C.
(13) OCCUPATION	R.R. Shop Hand	(19) OCCUPATION	School Teacher
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Alice Zimmerman

(24) State whether Physician or Midwife: Mid

(25) Address of Physician or Midwife: Abbeville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness W. M. Talbert
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1913 (28) T. G. Perrin
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If [illegible] 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.