

## (1) PLACE OF BIRTH

County of SaludaTownship of H. 2Inc. Town of Ridge SpringCity of Ridge Spring

(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

11908

Registration District No. .... Registered No. 40

(For use of Local Registrar)

## (2) Full Name of Child

Isabel Carolyn Sawyer child is not yet named, make supplemental report as directed(3) SEX OR CHILD girl (4) Type or Triplet single (5) Number in order of birth 1 (6) Age at birth 4 (7) DATE OF BIRTH 2 27 < 2 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William P. Sawyer(9) PRESENT POSTOFFICE OF FATHER Ridge Spring S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Ridge Spring S.C.(13) OCCUPATION Cotton Buyer(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Betty Hank(16) PRESENT POSTOFFICE OF MOTHER Ridge Spring S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)(19) BIRTHPLACE Insella, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. C. Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed May 12 1920 (28) Mrs. J. S. Cronch 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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