

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Charleston*
 or
 Inc. Town of *Whiting*
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8502

Registration District No. *4.008*Registered No. *59*
(For use of Local Registrar)

City of (No. St. Ward)

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

(2) Full Name of Child *Evelyn Estelle Sawyer* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 23 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Lawrence Sawyer</i>			(14) NAME BEFORE MARRIAGE <i>Jessie Embanks</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Whiting SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Whiting SC</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>26</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Year)	
(12) BIRTHPLACE <i>US</i>		(18) BIRTHPLACE <i>SC</i>		
(13) OCCUPATION <i>Cotton mill Operator</i>		(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>3</i>		(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *W. H. Chapman*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Whiting SC*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Apr 4 1923 (28) *Mrs. E. F. Harper*
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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