(1) PLACE OF BIRTH

County of REXINGTON

Township of BULL SWAMP

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 39242

Registration District No. 3102 Registered No. 122 (For use of Local Registrar)

(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 Nina Jane Saylor — 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
Girl	—	—	Yes	Nov 23, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Ellis Saylor	(14) NAME BEFORE MARRIAGE	Hannah Lakes
(9) PRESENT POSTOFFICE OF FATHER	Swansea S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Swansea S.C.
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	29
(12) BIRTHPLACE	Orangeburg	(18) BIRTHPLACE	Calhoun
(13) OCCUPATION	Farmer -	(19) OCCUPATION	H.W.
(20) Number of children born to mother, including present birth	Nine	(21) Number of children of this mother now living, including present birth	Six

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 8:20 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J B Edwards

(24) State whether Physician or Midwife: Physician

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

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov 28 1922 (28) J R Stanford
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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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.
McCaw, Mecaw of Columbia, Columbia, S. C.