

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

County of *Charleston*  
Township of *S. P. St. M.*

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

10367

Inc. Town of

Registration District No. *209*

Registered No. *65*

(For use of Local Registrar)

City of *Union*

(Municipality) *Heights*

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 *Nathaniel Sawby*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*April 21 1912*  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Joseph Sawby*

(14) NAME BEFORE MARRIAGE *Lucia Butler*

(9) PRESENT POSTOFFICE OF FATHER *Myers S. C.*

(15) PRESENT POSTOFFICE OF MOTHER *Myers S. C.*

(10) COLOR OR RACE *Col.*

(11) AGE AT LAST BIRTHDAY *21*  
(Years)

(16) COLOR OR RACE *Col.*

(17) AGE AT LAST BIRTHDAY *17*  
(Years)

(12) BIRTHPLACE *Moncks Corner*

(15) BIRTHPLACE *St. Stephens S. C.*

(13) OCCUPATION *Common Laborer*

(18) OCCUPATION *Housework*

(20) Number of children born to mother, including present birth *1*

(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 *Operative* *2 A* M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Ellen Murrain*

(24) State whether Physician or Midwife *P. Midwife*

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed *April 22 1912*

(28)

*C. F. Myers*  
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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