

(1) PLACE OF BIRTH

County of LexingtonTownship of 11

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

35421

Registration District No. 3109 Registered No. 111

(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 Polia Sawson If child is not yet named, make supplemental report as directed3. BOY OR GIRL girl 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH Oct 5 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Willie Sawson9. PRESENT POSTOFFICE OF FATHER Gaston, S.C.10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 2112. BIRTHPLACE Lexington S.C.13. OCCUPATION Farmer14. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE Ruby Baycar15. PRESENT POSTOFFICE OF MOTHER Gaston S.C.16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 1618. BIRTHPLACE Orangeburg S.C.19. OCCUPATION Domestic20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Rufus Sharpe
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Nov 9 1922 (28) Mrs. C.E. Taylor
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.