

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of

or
Inc. Town of Nazor
City of

(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

30058

Registration District No. 1901 Registered No. 53
(For use of Local Registrar)(2) Full Name of Child Mary Sawyer If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Are Parents Married? yes (6) DATE OF BIRTH Sept. 15, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Sawyer(9) PRESENT POSTOFFICE OF FATHER Woodward(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 44
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Sawyer(15) PRESENT POSTOFFICE OF MOTHER Woodward(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Caline at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucas Foster(24) State Whether Physician or Midwife (25) Address of Physician or Midwife Woodward

Given name added from a supplemental report

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

(27) filed Sept. 20, 1922 (28) W. A. Blaine 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.