

County of Greenville  
Township of .....

# CERTIFICATE OF BIRTH

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

File No.—For State Bookkeeper's Office

~~28605~~

2209.a

Inc. Town of .....

City of .....

(1) Full Name of Child

Registration District No. MOSS BOOTH, MEMORIAL HOSPITAL

Registered No. 1259.  
(After use of Local Registrar)

(No. ....)

...St.; ..... Ward  
(of street and number)

(2) Full Name of Child James Warren Sawyer

**IF child is not yet named, make supplemental report as directed**

(1) <u>BOY OR GIRL</u>	(4) <u>Twin or Triplet</u>	(3) <u>Number in order of birth</u> <u>1st</u>	(5) <u>Are Parents Married?</u> <u>No</u>	(7) <u>DATE OF BIRTH</u> <u>Sept. 27, 1923</u> (Name & Month) (Day) (Year)
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**FATHER.**

2. FULL NAME Edgar M<sup>c</sup> Farlane

9. PRESENT POSTOFFICE

POSTOFFICE OF FATHER Uncle Crown

(W) COLOR OR RACE *White* (M) AGE AT LAST BIRTHDAY *27* (Year)

12 BIRTHPLACE *IN C*

15. OCCUPATION

Transducer.

Number of Officers from 1 to 1st

201 NUMBER OF CHILDREN BORN TO  
MOTHER, INCLUDING PRESENT BIRTH

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Souther

(10) PRESENT POSTOFFICE *Winnfield, La.*

OF MOTHER Greenwald, J. L.  
(16) COLOR W (17) AGE AT LAST 9 4

(16) COLOR OR RACE White BIRTHDAY 10/1/28 (Year)

(16) **INITIALS** *MS*

(10) OCCUPATION

Speaker

(7) Number of children of this mother 1 1 -

**G PHYSICIAN OR MIDWIFE.**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(2a) I hereby certify that I attended the birth of this child, who was Female at 11:45 PM on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)

(26) (Signature) [Signature] (26) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

Sept 28, 1923 - a. H. Mackey

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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