

(1) PLACE OF BIRTH

County of UnionTownship of Wandaor
Inc. Town of
or

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

19679

Registration District No. 2/4 Registered No. 1
(For use of Local Registrar)(2) Full Name of Child Harmon Wayne Sawyer

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 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME M. C. Sawyer(9) PRESENT POSTOFFICE OF FATHER Monetta, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Saluda Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Fabel Fallow(15) PRESENT POSTOFFICE OF MOTHER Monetta, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Saluda Co.(19) OCCUPATION House-wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at Monetta, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) D. B. F. Jones(23) State whether Physician or Midwife (24) Address of Physician or Midwife Phys. Res. Spring

Given name added from a supplemental report

(25) Witness

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

(27) Filed Aug. 10, 1923 (28) H. E. Durney 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.

FIFTH MONTH OF PREGNANCY.