(1) PLACE OF BIRTH

County of Florence

Township of Timmonsville

or

Inc. Town of Timmonsville

or

City of ..... (No. ..... St.; ..... Ward)

(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
85662

Registration District No. 2 D 1 J. Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child. William Harrold Sawbury

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 —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 10, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Wilton Sawbury

(9) PRESENT POSTOFFICE OF FATHER Timmonsville S C

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Timmonsville S C

(13) OCCUPATION Printer

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Lila Lallah Stone

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville S C

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Timmonsville S C

(19) OCCUPATION Domestic

(21) 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 alive (Born alive or stillborn) at 7 35 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C A Foster M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

.....Registrar

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

(27) Filed 11/25 1916. (28) W C Morrison 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.

McCaw, of Columbia.

FORM NO. 7. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.