

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3687

County of CharlestonTownship of Court House

Inc. Town of

City of

Registration District No. 12.03 Registered No. 34

(For use of Local Registrar)

(No. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(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 4th 26 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Don's Clarence Sawell(9) PRESENT POSTOFFICE OF FATHER Charleston R-2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Jenny School Smith(15) PRESENT POSTOFFICE OF MOTHER Charleston R-2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 4th 26 22 at 11.9 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John T. Pearson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(27) Filed May 10 1922 (28) M. S. Nathan 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.

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