

(1) PLACE OF BIRTH

County of Darlington
Township of Palmettoor
Inc. Town ofor
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

29896

Registration District No. 1.5.0.8 Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Benjamin Sawyer { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWashington Sawyer(9) PRESENT
POSTOFFICE
OF FATHERPalmetto(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY28
(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEMamie Brockington(15) PRESENT
POSTOFFICE
OF MOTHERPalmetto(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY23
(Years)

(18) BIRTHPLACE

Darlington Co.

(19) OCCUPATION

Farming(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Sept 1 1911 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Ellerbe(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence, S. C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by Mark)(27) Filed Oct 11 1911 (28) 22

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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