

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

51710

Registration District No. 1203

Registered No. 53

(For use of Local Registrar)

(2) Full Name of Child *Thaymond James Swinnie*

If child is yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

3rd

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar. 26th

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Swinnie

(9) PRESENT POSTOFFICE OF FATHER

Chesterfield Co

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33-

(Years)

(12) BIRTHPLACE

Chesterfield Co

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mollie Frye

(15) PRESENT POSTOFFICE OF MOTHER

Chesterfield Co

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Fairfax County Va

(19) OCCUPATION

Housekeeper

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

Three

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11:30 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

3-2

1942

M. B. Woodward M.D.

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Mar 27 1942

(28)

J. E. Mullen

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.

MARGIN REMOVED FOR BINDING.
WHITE 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 McCaw of Columbia FIRST-BORN, No. 1. THIS OFFICIAL, No. 2, etc., in question 5.