

Form No. 1

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of **Spartanburg** STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

66218

Township of **Campobello**
 or
 Inc. Town of Registration District No. **40.11** Registered No. **64**
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Swany Sue** 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 2	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 8, 1916 (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Geo Smith			(14) NAME BEFORE MARRIAGE Lella Lewis	
(9) PRESENT POSTOFFICE OF FATHER Fingerville			(15) PRESENT POSTOFFICE OF MOTHER Fingerville	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 33 (Years)	
(12) BIRTHPLACE SC			(18) BIRTHPLACE SC	
(13) OCCUPATION Farmer			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 2			(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** at a. M.,
 on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Mrs. A. Henderson**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Fingerville**

Given name added from a supplemental report

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

(27) Filed **June 10, 1916** (28) **A. G. Burton**
 Registrar 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.

McCauley of Columbia

MAINTAIN THIS REPORT FOR RECORD. WHEN FILING, WITH NECESSARY FILING IN A PERMANENT RECORD. If in case of TWIN OR TRIPLETS use a SEPARATE BLANK for each child, and mark the