

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 8.

(1) PLACE OF BIRTH
 County of Charlotte
 Township of Christ Church
 OF
 Inc. Town of
 or
 City of (N. St. Ward)
 (If birth occurs in a hospital or other institution, give name of street and number.)
 (2) Full Name of Child Jane Swinton If child is born make
 supplied born or directed

No. 14027
 For State Registrar Only

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 901 Registered No. 71
 (For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Age yes (6) DATE OF BIRTH April 8, 1922
 To be answered only in case of Twin or Triplet (Name) (Month) (Year)

FATHER
 (8) FULL NAME James Swinton
 (9) PRESENT POSTOFFICE OF FATHER Met Pleasant
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
 (Time)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth Five

MOTHER
 (14) NAME BEFORE MARRIAGE Ellen Brown
 (15) PRESENT POSTOFFICE OF MOTHER Met Pleasant
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
 (Time)
 (18) BIRTHPLACE Hamlet S.C.
 (19) OCCUPATION Housekeeper
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.
 on the date above stated. (Was alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) Ellen Palmer
 (24) State of South Carolina (25) Address of Physician or Midwife Met Pleasant

Given names added from a notification and record
 (26) Signature of Witness necessary only when question 22 is signed by mark