

FORM NO. 1  
 MARCH 1917 REVISED FOR 1918  
 WRITE CLEARLY WITH UNFADING INK IN ALL PLACES  
 IN SPACES FOR NAMES AND PLACES USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 SEX AND COLOR OF CHILD OR INFANTS AND A SEPARATE BLANK FOR EACH CHILD, in question 5.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

### CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87923

(1) PLACE OF BIRTH

County of York  
 Township of Cheney  
 OR  
 Inc. Town of .....  
 OR  
 City of Rock Hill (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4405 Registered No. 112  
 (For use of Local Registrar)

(2) Full Name of Child Lora Catherine McSwain

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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 26, 1916  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Hyde McSwain  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION mill work  
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Greenie Sittman  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Nov. 26, 1916 at 11 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Roy D. Sumner (25) Address of Physician or Midwife  
 (24) State whether Physician or Midwife Physician | Rock Hill S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by marks)  
 (27) Filed 12/21 1916 (28) J. R. Miller 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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