

(1) PLACE OF BIRTH

County of Cherokee
 Township of Morgau
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only

41526

Registration District No. 1004-2 Registered No. 85
 (For use of Local Registrar)

(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 Chas. Cleveland Swazzord If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank C. Swazzord</u>	(14) NAME BEFORE MARRIAGE <u>Chas. Minnie Blanton</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Gaffney SC R 3</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney SC R 3</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>35</u>
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>NC</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) O. M. Chapman (24) State Cherokee Physician or Midwife (25) Address of Physician or Midwife Cherokee, SC

Given name added from a supplemental report

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

(27) Filed 12/30/22 (28) G. F. Scroggs 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.