

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of York
 or
 City of

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

No. 5485—For State Registrar Only

Registration District No. 44-A, Registered No. 4
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child No name, birth of date If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 4 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo. Swift
 (9) PRESENT POSTOFFICE OF FATHER Shelbyville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (Year) (12) BIRTHPLACE Clemson S.C.
 (13) OCCUPATION Mill Hand

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Ramsey
 (15) PRESENT POSTOFFICE OF MOTHER York S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE York S.C.
 (19) OCCUPATION Mill Opt

(20) Number of children born to mother, including present birth 1 (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 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Bratton (24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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

(27) Filed Feb 6 1923 (28) Reuben Pearson 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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