

(1) PLACE OF BIRTH

County of

Township of

or
Loc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

26744

Registration District No. 2702

Registered No. 27

(For use of Local Registrar)

2 Full Name of Child

If child is not yet named, make supplemental report as directed

3 SEX
GIRL(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH May 27 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

4 FULL
NAME Grover Swell(14) NAME BEFORE
MARRIAGE Lillie Coats5 PRESENT
POSTOFFICE
OF FATHER Kershaw SC(15) PRESENT
POSTOFFICE
OF MOTHER Kershaw SC6 COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 20 (Years)(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 29 (Years)8 BIRTHPLACE
Kershaw Co SC(18) BIRTHPLACE
Kershaw Co SC9 OCCUPATION
Farmer(19) OCCUPATION
Housewife10 Number of children born to
father, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22 I hereby certify that I attended the birth of this child, who was Smelling at 3- a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 9/10/22 (28) J. H. Burfield
Local RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should make this return, &
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.

Registrar

Local Registrar

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