

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Lawrence
 or
 Inc. Town of.....
 or
 City of.....

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

No. for this Register
22058

Registration District No. 3600 Registered No. 37
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed.)

(2) Full Name of Child Robert Sweeper

(1) SEX OR GROWTH <u>Boy</u>	(4) Type or Figure To be answered only in event of Twins or Triplets	(3) Number in order of birth	(5) Age at Birth <u>Yr</u>	(6) DATE OF BIRTH <u>July 8, 1933</u>
(8) FULL NAME <u>Robert Sweeper</u> (9) PRESENT POSTOFFICE OF FATHER <u>Brown's Blk</u>			(14) NAME BEFORE MARRIAGE <u>Dora Brown</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Brown's Blk</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>37</u>	(12) BIRTHPLACE <u>S.C.</u>	(13) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>
(16) OCCUPATION <u>Harmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>14</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) G. H. Sumner
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lawrence, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of witness necessary only when question 22 is signed by mother) G. H. Sumner

(27) Filed 19 (28) Registrar G. H. Sumner

*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.