

THIS NO. 1
WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.
N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of

City of Charleston

(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

57544

Registration District No. 40-6

Registered No. 159

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? 1

(5) Number in order of birth 6

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 18 - 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. M. Swain

(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 43

(Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Jackson

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE Spartanburg S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:35 a.m. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) J. D. H. Miller

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

Spartanburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled May 1916 (28) Jas Coper

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.

Registrar

Local Registrar

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