

MARGIN REMOVED FOR BINDING.  
 STATE, COUNTY, WITH UNREMARKED, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE  
 FILLED-BORN, NO. 1. THIS OTHER, NO. 2, etc., in question 5.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1. PLACE OF BIRTH

County of Charleston  
 Township of St. P. St. M.  
 or  
 Inc. Town of .....  
 or  
 City of North 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  
**648**

Registration District No. 909 Registered No. 20  
 (For use of Local Registrar)

(2) Full Name of Child Samuel Franklin Swain

(No. .... St. .... Ward)  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 18 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Walter Franklin Swain</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Mildred Sheppard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>North Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>North Charleston, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Beaufort North Carolina</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(13) OCCUPATION <u>Track Hatchman</u>		(18) BIRTHPLACE <u>Beaufort North Carolina</u>		
(19) OCCUPATION <u>Domestic</u>		(20) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive ..... at 11:30 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) D. V. M. Myers  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston S.C.  
 Local Registrar

Given name added from a supplemental report .....  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother) G. F. Myers  
 (27) Filed Feb. 10. 1922 (28) .....  
 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.

\*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.