

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Eutawor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Queenie Swinton

File No.—For State Registrar Only

6657

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 208 Registered No. 31

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 26, 1922</u> (Name of Month) (Day) (Year)
---------------------------------	---	------------------------------	--	---

## FATHER.

(8) FULL NAME Ben Swinton(9) PRESENT POSTOFFICE OF FATHER Bonneau, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Tena Mack(15) PRESENT POSTOFFICE OF MOTHER Bonneau, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION Housewife(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 Born alive at 6 A.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Lena Hedding(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bonneau, S.C.

Given name added from a supplemental report

(26) Witness Lillian Cross  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Apr 5, 1922 (28) D.W. Cross  
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.

N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 6.

MECHANICAL DEPARTMENT, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.