

(1) PLACE OF BIRTH

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

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

File No.—For State Registrar Only
35982

Registration District No. 3613 Registered No. 145
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Margie Teresa Swank (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benj. Swank
(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE U.S.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Taylor
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE U.S.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. H. Weaver (24) State Physician (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

M. B. Woodward, M.D.
affid. 1/30/43 19 43
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 28 1922 (28) A. L. T. Fair 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.

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