

PLACE OF BIRTH

# CERTIFICATE OF BIRTH

No. **9198** Date Registered **Jan 26 1923**

County of **Anderson**

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

Township of **Piedmont**

or  
Inc. Town of **Piedmont**

or  
City of **Piedmont**

Registration District No. **34**

Registered No. **27**  
(For use of Local Registrar)

(No. **34** St. **27** Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Harry Swilling** If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <b>Boy</b>	(4) Twin or Triplet <b>No</b> To be answered only in event of Twin or Triplet	(5) Number in order of birth <b>34</b>	(6) Are Parents Married <b>Yes</b>	(7) DATE OF BIRTH <b>Jan 26 1923</b> (Month of Month) (Day) (Year)
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**FATHER.**  
(8) FULL NAME **W. S. Swilling**  
(9) PRESENT POSTOFFICE OF FATHER **Piedmont S.C.**  
(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **34** (Year)  
(12) BIRTHPLACE **U.C.**  
(13) OCCUPATION **Carpenter**  
(14) Number of children born to mother, including present birth **8**

**MOTHER.**  
(15) NAME OF MOTHER **Hettie Rial**  
(16) PRESENT POSTOFFICE OF MOTHER **Piedmont S.C.**  
(17) COLOR OR RACE **White** (18) AGE AT LAST BIRTHDAY **33** (Year)  
(19) BIRTHPLACE **I.A.**  
(20) OCCUPATION **Domestic**  
(21) Number of children of this mother now living, including present birth **7**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was **alive** at **4 P. M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <b>J. L. Campbell</b>	(24) State whether Physician or Midwife <b>Physician</b>	(25) Address of Physician or Midwife <b>Piedmont</b>
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Given name added from a supplemental report

(26) Witness **J. S. Fleming** (Signature of Witness necessary only when question 22 is signed by mother)  
(27) Date **Jan 28 1923** (28) 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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