Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of S. Stephens

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

Registration District No. 700

File No.—For State Registrar Only

16150

Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Phillian Swingle

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
B			Yes	Apr.	24	22

FATHER.

(8) FULL NAME Charles Swingle

(9) PRESENT POSTOFFICE OF FATHER Pineville

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Pineville

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Judge

(15) PRESENT POSTOFFICE OF MOTHER Pineville

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Pineville

(19) OCCUPATION Farm-wife

(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 2 A. M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician or Midwife Satira Du Cran

(24) State whether

(25) Address of Physician or Midwife Pineville

Given name added from a supplemental report

..... 19.....

Registrar

(26) Witness .....

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

(27) Filed Apr. 24 1922 (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.

Issued by Bureau of Vital Statistics, Columbia, S. C.

The law requires the filing of this certificate with the Local Registrar of the district in which birth occurs within five days after birth. (Penalty, Section 2, Act No. 252, 1915. See instructions.)