

File No.—For State Registrar Only  
44829

(2) Full Name of Child James Swinton .. { If child is not yet named, make supplemental report as directed

(6) Are Parents <del>Married</del> <del>XXXX</del> *	(7) DATE OF BIRTH <u>Dec</u> *, <u>30</u> <u>th</u> * (Name of Month) (Day) (Year)
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MOTHER.	
(14) NAME BEFORE MARRIAGE	Mary Lamb.
(15) PRESENT POSTOFFICE OF MOTHER	Rel. Oswego, N.Y.
(16) COLOR OR RACE	Negro.
(17) AGE AT LAST BIRTHDAY	48-7-16 (Years)

(18) BIRTHPLACE *St. Louis*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother 4

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5-7 PM,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(92) (Signature) <i>Dora K. ...</i>	(93) <i>per registration</i>
(94) State whether Physician or Midwife <i>Midwife</i>	(95) Address of Physician or Midwife <i>R. 1, Demeco, S.C.</i>

Given name added from a supplemental report

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

(27) Filed Dec. 30, 1961 (28) One 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.