

File No.—For State Registrar Only

County of Livingston

Township of *Hillsdale, N.Y.*

Inc. Town of.....

City of

Registration District No.

Registered No.....
(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 Laton Leopold August If child is not yet named, make supplemental report as directed

| | | | | |
|---------------------------------|---|------------------------------|--------------------------------------|--|
| (3) BOY OR GIRL? <i>girl</i> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <i>Y</i> | (7) DATE OF BIRTH <i>Jan 24, 1922</i> (Name of Month) (Day) (Year) |
|---------------------------------|---|------------------------------|--------------------------------------|--|

FATHER.

(8) FULL NAME Colman Lawrence

9) PRESENT POSTOFFICE OF FATHER Lynn 00a 5a

(10) COLOR OR 1650 (11) AGE AT LAST BIRTHDAY, 39

12) BIRTHPLACE W. I. 7

(13) OCCUPATION Livingston Co

The [illegible]

(20) Number of children born to 16

CERTIFICATE OF ATTENDANCE

(14) NAME BEFORE MARRIAGE *Vera Braker*

(15) PRESENT POSTOFFICE OF MOTHER Sumville ss.

(16) COLOR OR 11:1 (17) AGE AT LAST BIRTHDAY... 33

(18) BIRTHPLACE

10. OCCUPATION Ligning Co

(19) OCCUPATION
Hatter. Wife

(21) Number of children of this mother 4

PHYSICIAN OR MIDWIFE*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. V. Moore

(24) State whether Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed 19 (28) Local Registrar.

..... 19
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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STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

Personally appeared before me, Zoe Chavis who upon being duly sworn deposes and says that the child born to Vera Craps and Cohen Swygert (her mother and father) on December 24, 1922 was named Labon Heyward Swygert and that he has been known by that name all his life.

Zoe Chavis
Zoe Chavis

Sworn to before me this
17th day of July, 1941.

India Kiddle
NOTARY PUBLIC FOR SOUTH CAROLINA