

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Sav. of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Bamberg</u>		STATE OF SOUTH CAROLINA.		48081	
Township of <u>Sydney's Bridge</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Govan</u>		State Board of Health			
City of _____		Registration District No. <u>401</u>		Registered No. <u>7</u>	
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>I. da Swabb</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 6</u> <u>1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Vesley Swabb</u>			(14) NAME BEFORE MARRIAGE <u>Dot Nevada Himmans</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Govan S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Govan S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Govan S.C.</u>			(18) BIRTHPLACE <u>Govan S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>farm labourer</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10.0</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>S. L. Counts</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Govan S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>W. E. L. Ray</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Feb. 11</u> 191 <u>6</u> (28) <u>C. B. Ray</u> 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.