

7/8/39

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

22 049474

1. PLACE OF BIRTH
County of Richland
Township of
or
Inc. Town of
or
City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38 Registered No. a
1100 Richland St. Ward
(If child is not yet named, make supplemental report as directed)

2. FULL NAME OF CHILD James Roland Swygert, Jr.

3. Boy or Girl Boy If Plural 4. Twin, triplet or other 6. Premature 7. Are Parents 8. Date of Birth October 6 19 22
births 5. Number, in order of birth Full term Married? yes (Month, day, year)

9. Full name FATHER James Roland Swygert 18. Name before marriage MOTHER Dorothy Elizabeth Darby

10. Residence (mailing address) Columbia, S.C. 19. Residence (mailing address) Columbia, S.C.
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 26 (Years) 20. Color or race White 21. Age at last birthday 17 (Years)

13. Birthplace (city or place) Hilton, S. C. 22. Birthplace (city or place) Newberry, S. C.
(State or country) (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Automobile Garage 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was b. alive at m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Geo. A. Nelson, M.D.or , Midwife.Given name added from
a supplementary report
(Date of)Address Columbia, S.C.
Filed July 11, 1939. M.B. Woodward, M.D.
Registrar. Registrar.