

22 049474

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.

7/8/39

(See instructions on Back of Certificate)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		1873	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>38-a</u>		Registered No. ....	
or		1100 Richland		(For use of Local Registrar)	
City of <u>Columbia</u>		(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 <u>James Roland Swygert, Jr.</u>		If child is not yet named, make supplemental report as directed			
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of Birth <u>October 6 1922</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>James Roland Swygert</u>			18. Name before marriage <u>MOTHER</u> <u>Dorothy Elizabeth Darby</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S. C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S. C.</u>		
11. Color or race <u>White</u>		2. Age at last birthday <u>26</u> (Years)	20. Color or race <u>White</u>		21. Age at last birthday <u>17</u> (Years)
13. Birthplace (city or place) (State or country) <u>Hilton, S. C.</u>		22. Birthplace (city or place) (State or country) <u>Newberry, S. C.</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Auto Mechanic</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housework</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Automobile Garage</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN</u>	
	16. Date (month and year) last engaged in this work ....., 19.....			25. Date (month and year) last engaged in this work ....., 19.....	
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 <u>b. alive</u> 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) <u>Geo. A. Nelson</u> , M.D.		
Given name added from a supplementary report..... (Date of)			or....., Midwife.		
..... Registrar.			Address <u>Columbia S.C.</u>		
.....			Filed <u>July 11</u> , 1939. <u>M. B. Woodward</u> , M.D. Registrar.		