

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 8.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5835

Registration District No. 4-0-0-9.

Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Wynaw Rudolph Swinn

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH Jan 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William F Swinn

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S. C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

43
(Years)

(12) BIRTHPLACE

Spartanburg S. C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Floy E Scott

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Spartanburg S. C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(23) (Signature)

O. A. McCord

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Woodruff S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 15 1922

(28)

Chas. L. Boyter

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.