

Form No. 3

## (1) PLACE OF BIRTH

County of Allen  
 Township of Ritten  
 OF  
 Inc. Town of Littleton  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**3666**

Registration District No. 1406 Registered No. .... 18 ....  
 (For use of Local Registrar)

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

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 20 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Furman Swat</u>			(14) NAME BEFORE MARRIAGE <u>William Herring</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Littleton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Littleton</u>	
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>Caucasian</u>		
(12) BIRTHPLACE <u>Allen Co</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(13) OCCUPATION <u>farmer</u>			(18) OCCUPATION <u>Allen Co</u> <u>worker</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 M., on the date above stated. (Hour P. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/27 1922 (28) W. L. R. 22 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.