

MARGIN RESERVED FOR BINDING.

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

MADE IN CALIFORNIA, CALIFORNIA, U. S. C.

(1) PLACE OF BIRTH

County of Chester
Township of Rossville
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
3647

Registration District No. 107 Registered No. 21
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child

(3) SEX OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 4 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. B. Swann
(9) PRESENT POSTOFFICE OF FATHER Great Falls
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE Sumter Co S. C.
(13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Campbell
(15) PRESENT POSTOFFICE OF MOTHER Great Falls
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Micklynsburg Co N. C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Porter, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Great Falls, 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 7/14 1927 (28) R. T. Thomas 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.