

(1) PLACE OF BIRTH

County of **LEXINGTON**Township of **BULL SWAMP**Inc. Town of **Swansea**

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **3102**

No. 1a.—For State Registrar Only

7891Registered No. **27**
(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

Martha Jane

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

(3) Sex of Child **Girl** (4) Type of Birth **Normal** (5) Number in order of birth **22** (6) Age of Parents **27** (7) Date of Birth **March 9, 1930**
(Name of Month) (Day) (Year)

FATHER.

(8) Full Name **Spiken James**(9) Present Postoffice of Father **Swansea**(10) Color or Race **Black** (11) Age at last Birthday **45** (Years)(12) Birthplace **Lexington, S.C.**(13) Occupation **Farmer**

MOTHER.

(14) Name before Marriage **Alma Hermann**(15) Present Postoffice of Mother **Swansea**(16) Color or Race **Black** (17) Age at last Birthday **25** (Years)(18) Birthplace **Lexington, S.C.**(19) Occupation **Teacher**(20) Number of children born to mother, including present birth **15**(21) Number of children of this mother now living, including present birth **15**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **10:00 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Victor J. ...** (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Swansea**

Given name added from a supplemental report

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

(27) Date **March 9, 1930** Local Registrar **J. J. ...**

When there was no attending physician or midwife, then the father, household, 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.