

(1) PLACE OF BIRTH

County of H. Jones
 Township of Clinton
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No. — For State Registrar Only

12225

Registration District No. 2600Registered No. 119
(For use of Local Registrar)(2) Full Name of Child James Cullen

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 6, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Swinger(9) PRESENT POSTOFFICE OF FATHER Westminster(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE Anderson(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Whitworth(15) PRESENT POSTOFFICE OF MOTHER Westminster(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 35
(Name of Month) (Day) (Year)(18) BIRTHPLACE Anderson(19) OCCUPATION Housekeeping(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 Cullen at 5:22 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Earle

(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) APR 11 1922
Registrar(28) A. P. Martin
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.

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