

16 092934

1. PLACE OF BIRTH

County of Catahula
 Township of Glossville
 or
 Inc. Town of _____
 or
 City of Neos Rungley, SC

 CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA

 Bureau of Vital Statistics
 State Board of Health

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

FILE No.—For State Registrar Only

50993 1/2

 (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 Francis Ariel Swope { If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>one</u>	5. Number in order of birth <u>one</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>March 3, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME James Earl Swope
 9. PRESENT POSTOFFICE OF FATHER Rungley, SC
 10. COLOR white OR FACE American
 11. AGE AT LAST BIRTHDAY 22 (Years)
 12. BIRTHPLACE Rungley, SC
 13. OCCUPATION Mill Hand
 20. Number of children born to mother, including present birth { First

MOTHER

14. NAME BEFORE MARRIAGE Eddie Rachel Swope
 15. PRESENT POSTOFFICE OF MOTHER Rungley, SC
 16. COLOR white OR RACE American
 17. AGE AT LAST BIRTHDAY 23 (Years)
 18. BIRTHPLACE Greenville, SC
 19. OCCUPATION Housewife
 21. Number of children of this mother now living, including present birth { First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

 23. Signature E. C. Aruace
 24. State whether Physician or Midwife Physician
25. Address of Physician or Midwife Greenville, SC

Given name added from a supplemental report

26. Witness _____

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

 27. Filed March 15, 1916
 28. F. H. Dowdy Local Registrar

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.