

Form No. 1

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 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

36443

Registration District No. 4002 Registered No. 126  
 (For use of Local Registrar)

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

(2) Full Name of Child Jae Heyet One Swain

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 14 22  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Eddone Swain  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.R.2  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Dora Lee Calvert  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.R.2  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 13

(20) Number of children born to mother, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Head M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Chapel Hill 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 11/1019 22(28) J. Blackwell

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.

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

McCAW OF COLUMBIA, COLUMBIA, S. C.