

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Lexington

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics

File No. For State Registrar Only
46847

Township of 7th

State Board of Health

Inc. Town of

Registration District No. 2106

Registered No. 1
(For use of Local Registrar)

City of

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

(2) Full Name of Child W. Stupper Swartz If child is not named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>7</u> <small>To be answered only in case of twins or triplets</small>	(6) Are you married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
----------------------------	----------------------	--	---------------------------------	---

FATHER.		MOTHER.	
(8) FULL NAME <u>West Swartz</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(9) NAME BEFORE MARRIAGE <u>Flarise Elgan</u>	(12) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>
(10) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C. B2</u>	(13) COLOR OR RACE <u>White</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C. B2</u>	(16) COLOR OR RACE <u>White</u>
(12) BIRTHPLACE <u>Lexington Co, S.C.</u>	(17) BIRTHPLACE <u>Lexington Co, S.C.</u>	(18) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
(27) Filed 191 (28) Local Registrar [Signature]

*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.

MARGIN RESERVED FOR BLENDING.
 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.