

(1) PRACE OF BUREAU

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

59665

County of York STATE OF SOUTH CAROLINA.
 Township of Swift Creek Bureau of Vital Statistics.
 State Board of Health.

Inc. Town of Registration District No. 1311 Registered No.
(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 James McGowan If child is not yet named, make supplemental report as directed.

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>Apr 19 1946</i> (Name of Month) (Day) (Year)
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FALGOUT

(S) FULL NAME

(g) PRESENT
POSTOFFICE
OF FATHER

(ix) COLOR OR RACE (ii) AGE AT LAST BIRTHDAY _____ (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE *Edith Galt*

(15) PRESENT POSTOFFICE OF MOTHER *Hurlstoe R*

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 7 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Robert J. Long

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(P6) Witness *[Signature]*

(Signature of Witness necessary only
when question 22 is signed by notary)

(27) Filed 7/7/11 1916 (35) 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.