

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield

Township of

or

Inc. Town of Winnsboro Mill

or

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 John Swearingen

File No.—For State Registrar Only

42285

Registration District No. 14 Registered No. 76
(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 28 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joe B. Swearingen

(9) PRESENT POSTOFFICE OF FATHER Winnsboro S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Mill Operator

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella McKeown

(15) PRESENT POSTOFFICE OF MOTHER Winnsboro S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43
(Years)

(18) BIRTHPLACE Fairfield Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:40 M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Saul Swearingen(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Winnsboro 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 Jan 8 1923 (28) S.M. Haynes
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.