

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Providenceor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3614

File No.—For State Registrar Only

31725Registered No. 724123  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William H Sweetman

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 29, 1922

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Irvin Sweetman(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Maggie Jackson(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Orangeburg Co.(19) OCCUPATION House Wife(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 alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Ida Sweetman (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly 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 Sept 26, 1922 (28) D. F. Dunbar 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.

MADE BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, IN 1922. THIS FORM IS A REPRODUCTION OF THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 1.