

Form No. 1

## (1) PLACE OF BIRTH

County of Forsyth  
 Township of 1  
 or  
 Inc. Town of 1  
 or  
 City of 1

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34346

Registration District No. 20-A Registered No. 334  
 (For use of Local Registrar)

(No. Forsyth St.; 334 Ward)

## (2) Full Name of Child

Brooklyn Mae

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

(3) Sex of Child Female (4) Term of Pregnancy To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 10/14/1921  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME W. W. Swindell(9) PRESENT POSTOFFICE OF FATHER Forsyth(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Clayton Ga(13) OCCUPATION Iron Manufacturer(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Hortense David(15) PRESENT POSTOFFICE OF MOTHER "(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Eastman Ga(19) OCCUPATION Dom(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 Ally at P.M. on the date above stated. (Sign at time of birth) (Hour A.M. or P.M.)(23) (Signature) Ally(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife 11-1

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 11-1 22 (28) P. H. Brigham 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.

MARGIN RESERVED FOR BINDING.

WHITE 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.