

FORM NO. 10. MAINTAIN RESERVED FOR INDEXING. WHERE PLAINLY, WITH ENLARGING 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 3.

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(1) PLACE OF BIRTH

County of Spartanburg
Township of Spartanburg
or
Inc. Town of
or
City of (No.) (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
50525

Registration District No. 4008 Registered No. 444
(For use of Local Registrar)

(2) Full Name of Child Irma Swonger { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 (Year) 1912

FATHER.
(8) FULL NAME Jarnes Swonger
(9) PRESENT POSTOFFICE OF FATHER Glendale S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY (Years) 26
(12) BIRTHPLACE Wattson mill Haywood Co.
(13) OCCUPATION Wattson mill man
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Cally
(15) PRESENT POSTOFFICE OF MOTHER Glendale S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years) 25
(18) BIRTHPLACE Haywood County NC
(19) OCCUPATION house keeping
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Jarnes at 12 o'clock P. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Barker mid.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
(27) FHC 16 191 6 (28) M. J. Barker 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.

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