

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. in question 5.

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(1) PLACE OF BIRTH

County of Spartanburg  
Township of Spartanburg  
or  
Inc. Town of .....  
or  
City of .....  
(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 Swanger 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 1913  
(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Callie  
(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  
(20) 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 Earnes at 12 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mag. Barker mid

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

Given name added from a supplemental report

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

(27) FILED 1913 (28) E. J. Parker 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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