

(1) PLACE OF BIRTH

County of Anderson
 Township of Pondleton

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.)

Registration District No. 3/10Registered No. 49

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child Malcolm Swaney

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lester Swaney

(9) PRESENT POSTOFFICE OF FATHER

Pondleton, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Anderson, Co., S. C.

(13) OCCUPATION

Farmer

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

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Sudie Duncan

(15) PRESENT POSTOFFICE OF MOTHER

Pondleton, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Anderson, Co., S. C.

(19) OCCUPATION

House wife

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

None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Pondleton, S. C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed 6/10 1916

(28)

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.

THIS IS THE FIRST-BORN CHILD OF THE MARRIAGE OF THE FATHER AND MOTHER NAMED ABOVE. IF THERE ARE OTHER CHILDREN OF THE SAME MARRIAGE, THEY MUST BE REPORTED SEPARATELY. IN CASE OF TWINS OR TRIPLETS, SEE A SEPARATE BLANK FOR EACH CHILD, AND ENTER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

File No.—For State Registrar Only

63051