

(1) PLACE OF BIRTH

County of BambergTownship of Madison

Inc. Town of

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

Registration District No. 40.3

File No.—For State Registrar Only

289Registered No. 3
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) SEX <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7 1928</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lawson W. Swank</u>			(14) NAME BEFORE MARRIAGE <u>Elbie Dell Goodwin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bamberg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bamberg S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Bamberg S.C.</u>			(18) BIRTHPLACE <u>Bamberg S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Boy, alive at 10:25 P.M. on the date above stated. (If child is stillborn, state so.)(23) (Signature) Robt. Black(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg S.C.

(If name added from a supplemental report)

(26) Witness

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

(27) Filed 2/8 19 23(28) R. H. Sandiford
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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