

Form No. 1.

(1) PLACE OF BIRTH

County of Edgefield
Township of Mass

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48912

Registration District No. 1807 Registered No. 3

(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Arthur Swearingen } 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 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 4, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Swearingen

(9) PRESENT POSTOFFICE OF FATHER Chara SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Edgefield Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mammie Skiger

(15) PRESENT POSTOFFICE OF MOTHER Chara SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Edgefield Co SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lewina Hogan

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

Midwife

Chara SC

Given name added from a supplemental report

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

(27) Filed Feb 24 1906 (28) L.R. Brunson Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

McCaw, of Columbia. No. 3—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.