

Form No. 1.

(1) PLACE OF BIRTH  
County of *Edgefield*  
Township of *Mass*  
or  
Inc. Town of .....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**18912**

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. *Walter 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 1916*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Charley Swearingen*

(9) PRESENT POSTOFFICE OF FATHER *Clara 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 Sigler*

(15) PRESENT POSTOFFICE OF MOTHER *Clara 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 *2* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Lucinda Hogan*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Clara SC*

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 *Feb 24 1916* (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.

McClaw, of Columbia. No. 2.—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.