

(1) PLACE OF BIRTH

County of

Township of

or
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

File No.—For State Registrar Only

31495

Registration District No.

Registered No.

(For use of Local Registrar)

2) Full Name of Child

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

(1) BOY OR GIRL

Boy

(4) Twin or Triplet?

(6) Number in order of birth

to be entered only in case of twins or triplets

(8) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME

Walter Franklin Swain

(10) PRESENT POSTOFFICE OF FATHER

N. Charleston S.C.

(11) COLOR OR RACE

white

(12) AGE AT LAST BIRTHDAY

28 (Years)

(13) BIRTHPLACE

Beaufort S.C.

(14) OCCUPATION

weaver

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

three

MOTHER.

(16) NAME BEFORE MARRIAGE

Ruth Mildred Shepperd

(17) PRESENT POSTOFFICE OF MOTHER

N. Charleston S.C.

(18) COLOR OR RACE

white

(19) AGE AT LAST BIRTHDAY

26 (Years)

(20) BIRTHPLACE

Beaufort S.C.

(21) OCCUPATION

Domestic

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

three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive eight A.M. Sept. 25, 1923 at N. Charleston, S.C. born alive at N. Charleston, S.C. on the date above stated.

(24) (Signature)

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Physician

N. Charleston, S.C.

(Given name added from a supplemental report)

(27) Witness

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

(28) Filed

Oct. 11, 1923

(29) By

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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