

LANGU RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Department	
County of <u>Laurens</u>		STATE OF SOUTH CAROLINA.		41283	
Township of <u>Bureau</u>		Bureau of Vital Statistics			
or		Registration District No. <u>796</u>		Registered No. <u>111</u>	
City of <u>Bureau</u>		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Thor Earl Swindler</u> { If child is not yet named, make supplemental report as directed					
(3) SEX <u>Male</u>	(4) TIME OF BIRTH <u>11:00 A.M.</u>	(5) NAME IN ORDER OF BIRTH <u>1st</u>	(6) AGE <u>1</u> Months <u>1</u> Days <u>1</u>	(7) DATE OF BIRTH <u>Dec 2 1928</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Thomas Swindler</u>			(14) NAME BEFORE MARRIAGE <u>James Sallie Dwyer</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Laurens, SC</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Laurens, SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8 A.M.</u> (Born alive or Stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>J. M. Pearson</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Laurens, SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
..... 121			(27) Filed <u>12/18 28</u> (28) <u>C. Kennedy</u> Local Registrar		
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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