

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hampton</u>	STATE OF SOUTH CAROLINA	Bureau of Vital Statistics		34844	
Township of <u>Brampton Register</u>	State Board of Health	Registration District No. <u>2407</u>		Registered No. <u>141</u>	
Inc. TOWN of	or	City of		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>X</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 2, 1922</u>	
To be answered only in case of Twin or Triplet				(Name (Month) (Day) (Year))	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wick Swener</u>			(14) NAME BEFORE MARRIAGE <u>Hattie Cope</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Brampton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brampton</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>3/3</u> (Years)			(17) AGE AT LAST BIRTHDAY (Years)		
(12) BIRTHPLACE <u>Hampton County</u>			(18) BIRTHPLACE <u>Hampton County</u>		
(13) OCCUPATION <u>farming</u>			(19) OCCUPATION <u>farming</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</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>5:15</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Miss Lillie Miller midwife</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Sallie Miller - midwife</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>Miss Lillie Miller</u>			<u>Oct 7 1922</u>		
Registrar			(27) Filed <u>Oct 7 1922</u> (28) <u>J. H. Rogers</u> 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.					