

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

356

County of BerkelyTownship of 2nd St. Stephens

Inc. Town of .....

City of .....

Registration District No. 7A.6 Registered No. 5

(For use of Local Registrar)

(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 Charly Swanton Jr. If child is not yet named, make supplemental report as directed

(1) SEX OR GROWTH <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parent Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11 1923</u> (Month) (Day) (Year)
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## FATHER.

(9) FULL  
NAME Charly Swanton(10) PRESENT  
POSTOFFICE  
OF FATHER Bonneau SC(11) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 26  
(Years)(12) BIRTHPLACE Berkely Co(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth 1 (15) once

## MOTHER.

(16) NAME BEFORE  
MARRIAGE Sarah Olin(17) PRESENT  
POSTOFFICE  
OF MOTHER Bonneau S.C.(18) COLOR  
OR  
RACE White (18) AGE AT LAST  
BIRTHDAY 20  
(Years)(19) BIRTHPLACE Berkely Co(20) OCCUPATION House worker(21) Number of children of this mother  
now living, including present birth 1 (22) once

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. D. Johnson (25) Address of Physician or Midwife(26) State whether Physician or Midwife Midwife (27) Bonneau S.C.Given same added from a supplement-  
tal report(28) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(29) Filed Jan 25 1923 (30) J. J. Ginter  
Registrar Local RegistrarWhen there was no attending physician or midwife, then the father, householder, or other person should make the report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.