

FORM NO. 2. MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH ENCLAVING 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

County of Greenville

Township of

Inc. Town of

City of Greenville

(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

34701

Registration District No. 29570 Registered No. 346

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Chas. Leroy Swigger Jr.

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

(3) BOY OR GIRL

Bo

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parent Married?

(7) DATE OF BIRTH

Sept. 15 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Chas. Leroy Swigger

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

Columbia

(13) OCCUPATION

Suppl. man. Ry.

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

W. S.

(19) OCCUPATION

Housework

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 1 A.M. on the date above stated.

(23) (Signature) M. D. Swigger (24) State whether Physician or Midwife. (25) Address of Physician or Midwife. Greenville

Given name added from a supplemental report

..... 191.....
..... Registrar

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

(27) Filed Nov. 1, 1911 (28) M. D. Swigger 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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