

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.
McCay, of Columbia.

(1) PLACE OF BIRTH		COUNTY OF <u>Darlington</u>		TOWNSHIP OF <u>Hartsville</u>	
County of		TOWNSHIP OF		INC. OR TOWN OF	
Township of		OR		CITY OF	
Inc. or		Registration District No. <u>15-13</u>		Registered No. <u>88</u>	
City of		(No. of St. or Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. or Ward		Ward	
(2) Full Name of Child <u>Evelyn Irene Swan</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 31</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Harris Clifton Swan</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Elizabeth Walker</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hartsville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville SC</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Dummettsville SC</u>			(18) BIRTHPLACE <u>Columbus Ga</u>		
(13) OCCUPATION <u>mill operator</u>			(19) OCCUPATION <u>house</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>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. L. Davis</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Hartsville S.C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Nov 1 1916</u> (28) <u>J. B. Davis</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.