

MARGIN 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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
Township of H. V.
OR
Inc. Town of Andrews SC
OR
City of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

34501

Registration District No. 7103 Registered No. 126
(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

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 25 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Crazy Nelson Swail
(9) PRESENT POSTOFFICE OF FATHER Andrews SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(12) BIRTHPLACE Georgetown Co. SC
(13) OCCUPATION Wheeler
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Elizabeth Porter
(15) PRESENT POSTOFFICE OF MOTHER Andrews SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(18) BIRTHPLACE Georgetown Co. SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs A W Swail Mother
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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

(27) Filed Oct 30 1922 (28) Reed Bailey 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.