

(1) PLACE OF BIRTH

County of Anderson

Township of Swanton

or Inc. Town of

or City of

(2) Full Name of Child

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

9926

Registration District No. 310

Registered No. 36  
(For use of Local Registrar)

St.: ..... Ward)  
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD  
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 4 16 22  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME J. William Holden

(9) PRESENT POSTOFFICE OF FATHER Swanton, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Pickens Co., S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mrs. Lillian Graham

(15) PRESENT POSTOFFICE OF MOTHER Swanton, S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE And. Co., S.C.

(19) OCCUPATION Housewife

(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 alive at 4:30 P.M. as alive or stillborn) (Time A. M. or P. M.) on the date above stated.

(23) (Signature) C. C. Porter (24) State whether Physician or Midwife (25) Address of Physician or Midwife Swanton

Given name added from a supplemental report

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

(27) Filed May 18 1922 (28) N. W. Leavright 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.

before the fifth month of pregnancy.