

## (1) PLACE OF BIRTH

County of NewberryTownship of W. 5or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31442

Registration District No. 340.9Registered No. 3.1  
(For use of Local Registrar)(2) Full Name of Child Geneva Swindler  
(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>4</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Sept 26</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

8. FULL NAME George Swindler9. PRESENT POSTOFFICE OF FATHER Newberry S.C.10. COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 28  
(Year)12. BIRTHPLACE Newberry Co13. OCCUPATION Farming20. Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Burton(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 23  
(Year)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Farmwork(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 4 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Burton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newberry S.C.

Given name added from a supplemental report

(26) Witness H. R. Miller  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 26 1922 (28) H. R. Miller  
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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