

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia
 OF
 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

41133

Registration District No. 800Registered No. 162
(For use of Local Registrar)

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

(2) Full Name of Child Willie James Switzer (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) In or Out? X (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Nov 11 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Andrew Switzer
 (9) PRESENT POSTOFFICE OF FATHER Fort Mott S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE Calhoun Co
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth Two

MOTHER

(14) NAME BEFORE MARRIAGE Willie May Bruce
 (15) PRESENT POSTOFFICE OF MOTHER Fort Mott S.C.
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE Calhoun Co
 (19) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Violet Shuler(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 9 1923 (28) A. R. Able 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.

Local Registrar.

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MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH AN ADJOINING LINE IN A PERMANENT RECORD.
 N. H.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PLACENT-BORN, N. 1. THE OTHER, N. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

N. H.