

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Horse Path

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2822

Inc. Town of ..... Registration District No. 30.7 Registered No. 22  
 or ..... (For use of Local Registrar)  
 City of ..... (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 Margaret E. Swade, ..... If child is not yet named, make supplemental report as directed

(1) SEX OR GENDER <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>(to be answered only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2-4-22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(9) FULL NAME <u>John Robert Lusk</u>		(14) NAME BEFORE MARRIAGE <u>Annie Cooley</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Horse Path S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Horse Path S.C.</u>		
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>2</u> <small>(Years)</small>	
(13) BIRTHPLACE <u>Greenville Co.</u>		(18) BIRTHPLACE <u>Greenville Co.</u>		
(19) OCCUPATION <u>Farming</u>		(20) OCCUPATION <u>Domestic</u>		
(21) Number of children born to mother, including present birth <u>10</u>		(22) Number of children of this mother now living, including present birth <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alice on 2-4-22 at Horse Path S.C.  
 on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) J. W. Williams  
 (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Horse Path S.C.

Given name added from a supplemental report

May 9, 1923  
James S. Sizer

When there was no attending physician or midwife, the parents should make this return, and a child breather given when the child breathes even once.

Signature of Registrar (to be signed by mark)

John S. Sizer James S. Sizer