

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.

J. C. McCaw, of Columbia.

(1) PLACE OF BIRTH

County of

Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

St. Paul

Inc. Town of

*Youngs Island*Registration District No. *910*

Registered No.

23

(For use of Local Registrar)

City of

(No.

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

St.; Ward

(2) Full Name of Child

Swell Edwin Hatch

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth

5

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec. 6

191-6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Swell E. Hatch

(9) PRESENT POSTOFFICE OF FATHER

Youngs Island

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Walterboro S.C.

(13) OCCUPATION

K.K. Section Foreman

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Cherie E. Beach

(15) PRESENT POSTOFFICE OF MOTHER

Youngs Island S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Walterboro S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *1* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *E. G. Swell*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191-.....

Registrar

(26) Witness

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

(27) Filed *191-.....* (28) *E. G. Swell*

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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