

(1) PLACE OF BIRTH

County of LaurensTownship of Dialsor  
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

11800

Registration District No. 2901Registered No. 16

(For use of Local Registrar)

(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

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Apr. 21, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. R. Cwings

(9) PRESENT POSTOFFICE OF FATHER

Cwings, S. P.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(15) NAME BEFORE MARRIAGE

Lou Belle Simpson

(16) PRESENT POSTOFFICE OF MOTHER

Cwings, S. P.

(17) COLOR OR RACE

white(18) AGE AT LAST BIRTHDAY 34 (Years)

(19) BIRTHPLACE

S. C.

(20) 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 6 a. m. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Chas. E. Rogers, M.D.

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

Gray Court, S. C.

Give name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date May 6, 1922W. C. Mahon

Local Registrar

Registrar

\*Then 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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