

X. 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.  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH			
County of <u>Newblen</u>		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health	
Township of <u>Pulaski</u>			
or Inc. Town of .....			
City of .....			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>1402</u>	Registered No. <u>240</u> (For use of Local Registrar)
(2) Full Name of Child <u>Supper Swindler</u> <small>If child is not yet named, make supplemental report as directed</small>			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married?
<small>To be answered only in event of Twins or Triplets</small>			
(7) DATE OF BIRTH <u>Oct 8 1916</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER.		MOTHER.	
(8) FULL NAME <u>Geo. Swindler</u>	(14) NAME BEFORE MARRIAGE <u>Emma Gilyard</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mcneils SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mcneils SC</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Charleston SC</u>		(18) BIRTHPLACE <u>Newblen Co</u>	
(13) OCCUPATION <u>Day Laborer</u>		(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 P.</u> M., on the date above stated. <small>(Born alive or stillborn) (Hour, A. M. or P. M.)</small>			
(23) (Signature) <u>Grace Roadhalt</u>	(25) Address of Physician or Midwife <u>Mcneils SC</u>		
(24) State whether Physician or Midwife			
Given name added from a supplemental report	(26) Witness	(27) Filed <u>Nov 9 1916</u>	
	<small>(Signature of Witness necessary only when question 23 is signed by mark)</small>	<u>W. H. Gass</u> Local Registrar.	
		(28) <u>1916</u>	

\*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.