

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85447

Registration District No. 1814 Registered No. 37
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Archie Guffin Jr.

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Y	(7) DATE OF BIRTH Oct 16 1916 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Archie Guffin

(9) PRESENT POSTOFFICE OF FATHER Johnston SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Johnston SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Noble

(15) PRESENT POSTOFFICE OF MOTHER Johnston SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE Johnston SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 109 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) CPCOUM
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Johnston SC

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. A. Paul

(27) Filed Oct 30 1916 (28) J. A. Paul 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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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, McSwain, of Columbia.