

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA.** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
66417

(1) PLACE OF BIRTH

County of SumterTownship of Waverlyor
Inc. Town ofor
City of

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

Registration District No. 4104Registered No. 70
(For use of Local Registrar)(2) Full Name of Child Caroline Guyer

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 14 1914
(Month of Birth) (Day) (Year)**FATHER.**(8) FULL NAME Abel Guyer(9) PRESENT POSTOFFICE OF FATHER Tindal S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Sumter Co S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7**MOTHER.**(14) NAME BEFORE MARRIAGE Lula Conyers(15) PRESENT POSTOFFICE OF MOTHER Tindal S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Sumter Co S.C.(19) OCCUPATION Housework(20) 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 alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie B. Person(24) State whether Physician or Midwife, Address of Physician or Midwife Midwife Tindal S.C.

Given name added from a supplemental report

(25) Witness S. B. Kolb
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed June 25 1914 (27) Lula B. Kolb 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.