

(1) PLACE OF BIRTH

County of DarlingtonTownship of 1In Town of Harbottle

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14499

Registration District No. 15 B Registered No. 57

(For use of Local Registrar)

City of _____ (No. _____ St.; _____ Ward _____)
If born in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Wm. Lee Guiney { If child is not yet named, make supplemental report as directed

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 4 1911

(Name of Month) (Day) (Year)

FATHER.

Full Name

E. Guiney

Present Postoffice of Father

Harbottle, S.C.

Color or Race

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Leper mill laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Samie Guiney

(15) PRESENT POSTOFFICE OF MOTHER

Harbottle S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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 born alive at 6:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianHarbottle S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1, 1911

(28)

H. J. McKeen Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.