

(1) PLACE OF BIRTH

County of Greenville
 Township of Chase
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21179

Registration District No. 2204 Registered No. 108
 (For use of Local Registrar)
 City of (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) SEX OR
 Gender
 (4) Twin
 or Triplet?
 (5) Number in
 order of birth
 (6) Age
 of Parent
 (7) DATE OF
 BIRTH
 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL
 NAME H. D. Guyman
 (9) PRESENT
 POSTOFFICE
 OF FATHER Greenville
 (10) COLOR
 OR
 RACE White
 (11) AGE AT LAST
 BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE SC

(13) NAME BEFORE
 MARRIAGE Florie Blumley
 (14) PRESENT
 POSTOFFICE
 OF MOTHER Greenville
 (15) COLOR
 OR
 RACE White
 (16) AGE AT LAST
 BIRTHDAY 24
 (Years)
 (17) BIRTHPLACE SC

(18) OCCUPATION Textile Worker

(19) OCCUPATION Domestic

(20) Number of children born to
 mother including present birth 1

(21) Number of children of this mother
 now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Greenville SC

When name added from a supplement-
 al report

(26) Witness (Signature of Witness necessary only
 when question 23 is signed by path.)

(27) Filed 8-1 191 23 (28) [Signature]
 Local Registrar

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

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