

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia

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. 800 Registered No. 82
 (For use of Local Registrar)

(2) Full Name of Child Frank Guignard { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE BIRTH June 24 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Smaker

(9) PRESENT POSTOFFICE OF FATHER St. Matthews Sc

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Guignard

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews Sc

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marta X. Garner

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews Sc

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed June 24 1916 (28) A. R. Able
 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.

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.

McCaw, of Columbia

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

File No. For State Registrar Only
63300