

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lower

or

Inc. Town of

or

City of

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

(2) Full Name of Child Flouise Guizard

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 3, 1922
(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME Edward Guizard(9) PRESENT POSTOFFICE OF FATHER Cargare(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 19

MOTHER

(14) NAME BEFORE MARRIAGE Extra Burch(15) PRESENT POSTOFFICE OF MOTHER Cargare(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Larah Salmon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cargare 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 Sept 15, 1922 J. P. Garris
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.

THIS IS A PERMANENT RECORD. REGISTRARS 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.

McRAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31999

Registration District No. 3803Registered No. 287

(For use of Local Registrar)

(No. St.; Ward)