

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31930

Registration District No. 384Registered No. 1722

(For use of Local Registrar)

(2) Full Name of Child Alvin M. McGuire

If child is not yet named, make supplemental report

(3) BOY OR

Girl

(4) Twin

or Triplet?

(5) Number in

order of birth

2

(6) Are

Parents

Married? Yes

(7) DATE OF

BIRTH

Sept. 22, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL

NAME

Grover Grant McGuire

(9) PRESENT

POSTOFFICE

OF FATHER

2307 Clark St.

(10) COLOR

OR

RACE

white

(11) AGE AT LAST

BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Thomasville, Ga.

(13) OCCUPATION

Shipping Clerk

(14) Number of children born to

mother, including present birth

2

MOTHER

(14) NAME BEFORE

MARRIAGE

Beulah Payne

(15) PRESENT

POSTOFFICE

OF MOTHER

2307 Clark St.

(16) COLOR

OR

RACE

white

(17) AGE AT LAST

BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Felice Plains Tenn.

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was Born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clarence E. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

U. D.1308 Laurel St.

Given name added from a supplemental report

Alvin M. McGuire7-231914-2W. H. DavisU. D.1308 Laurel St.

(26) Witness

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

(27) Filed 9-291914-2

(28) 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.

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FORM NO. 7. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REPORT.

N.B.—In case of TWINS OR TRIPLETS, use a separate report for each child, and mark the

FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.