

(1) PLACE OF BIRTH

County of ChertTownship of Linnville

Inc. Town of

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 Jodie W. Mc Guire

File No. — For State Registrar Only

67710

CERTIFICATE OF BIRTH

STATE OF GA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1106 Registered No. 100

(For use of Local Registrar)

(No. St.; Ward)

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 13 1916
 (Name of Month) (Day) (Year)

FATHER. MOTHER.
 8) FULL NAME Jodie W. Mc Guire (14) NAME BEFORE MARRIAGE Nellie Smith
 9) PRESENT POSTOFFICE OF FATHER Lenois S.C. (15) PRESENT POSTOFFICE OF MOTHER Lenois S.C.
 10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 26 (17) AGE AT LAST BIRTHDAY 24
 (Years) (Years)
 11) BIRTHPLACE Ga. (18) BIRTHPLACE Ala.
 12) OCCUPATION mill operator (19) OCCUPATION domestic
 13) Number of children born to father including present birth 5 (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 at 5-45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. N. Guist (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 3 Lenox S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 13 1916 (28) J. N. Guist Local Registrar

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

Fifth month of pregnancy.