

Form No. 1

## (1) PLACE OF BIRTH

County of Wm. burgTownship of Louisor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20454

Registration District No. 4308 Registered No. 82  
(For use of Local Registrar)

(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 Walter Guess

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

3 BOY OR GIRL Boy

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married? Yes

7 DATE OF

BIRTH March 20th 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

Henry Guess

9 PRESENT POSTOFFICE OF FATHER

Inter Dept. S. C.10 COLOR OR RACE negro

11 AGE AT LAST BIRTHDAY

38  
(Years)

12 BIRTHPLACE

Wm. burg co. S. C.

13 OCCUPATION

Farmer

## MOTHER.

14 NAME BEFORE MARRIAGE

Emma M. M.

15 PRESENT POSTOFFICE OF MOTHER

Inter Dept. S. C.16 COLOR OR RACE negro

17 AGE AT LAST BIRTHDAY

35  
(Years)

18 BIRTHPLACE

Wm. burg co. S. C.

19 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

6

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at S. C. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Dr. H. M. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife Inter Dept. 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 June 25th 1922(28) H. M. M. 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 make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6