

Form No. 1.

(1) PLACE OF BIRTH

County of South Carolina

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State House of Health

FILE NO. FOR VITAL REGISTRATION
48237

Township of

or
Inc. Town of St. MatthewsRegistration District No. 822.....

Registered At

(For use of Local Registrar)

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 Blanche Guignard { If child is not yet named, attach supplemental report as directed.

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 2 1914</u> (Name of Month) (Day) (Year)
------------------------------	--------------------------------	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Blond Guignard(9) PRESENT POSTOFFICE OF FATHER St. Matthews S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Stable man(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Fannie Smith(16) PRESENT POSTOFFICE OF MOTHER St. Matthews(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 27
(Years)(19) BIRTHPLACE South Carolina(20) 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 at St. Matthews on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emina Taylor(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews S.C.

Given name and date of supplemental report

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

(27) Filed Oct 3 1914 (28) Dr. R. R. R.

MARGIN RESERVED FOR BINDING. WHERE 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.

McKenzie of Columbia

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