

Form No. 1

(1) PLACE OF BIRTH

County of AllenTownship of Rocky River

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 92 - For State Registrar OnlyRegistration District No. 207 Registered No. 2
(For use of Local Registrar)

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

(2) Full Name of Child J. R. Guignard

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

(3) BOY OR GIRL
Boy(4) Twin or Triplet
✓
To be covered only in case of Twin or Triplet(5) Number in order of birth
1(6) Are Parents Married
✓(7) DATE OF BIRTH Jan. 21, 20.
(Month) (Day) (Year)

FATHER.

(8) FULL NAME
John Guignard(9) PRESENT POSTOFFICE OF FATHER
Salley, S.C.(10) COLOR OR RACE
colored(11) AGE AT LAST BIRTHDAY
27
(Years)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
1

MOTHER.

(14) NAME BEFORE MARRIAGE
Flourne Johnson(15) PRESENT POSTOFFICE OF MOTHER
Salley, S.C.(16) COLOR OR RACE
colored(17) AGE AT LAST BIRTHDAY
19
(Years)(18) BIRTHPLACE
S.C.(19) OCCUPATION
House wife(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annie L. Jones(24) State whether Physician or Midwife
midwife(25) Address of Physician or Midwife
Wagons, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Salley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7.10.20 (28) Chas. H. Salley
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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 2.

Bureau of Census, Columbia, S. C.