

- A F E T Y A F I L M

REGISTRY OF COLORADO BIRTH-DEATH, No. 1. THIS OFFICE, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
90478

County of Kershaw
Township of Flat Rock
or
Inc. Town of

Registration District No. 2702 Registered No. 1563
(For use of Local Registrar)

City of (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 15 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Gas Wright
(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.
(10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 57 (Years)
(12) BIRTHPLACE Kershaw Co S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 10

(14) NAME BEFORE MARRIAGE Lizzie Kestland
(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE Kershaw Co S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1-30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Guyon, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Kershaw S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 19 7 (28) J. W. Burfield 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.

..... fifth month of pregnancy.