

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

36008-2

Registration District No. 3614 Registered No. 132
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child L. J. Guess (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth no. (6) Are Parents Married? no. (7) DATE OF BIRTH Oct. 29, 1922
 (Sex of Male) (Sex of Female)

FATHER

(8) FULL NAME A. L. Guess
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 17
 (Year) (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Lucy E. Moore
 (15) PRESENT POSTOFFICE OF MOTHER Holly Hill, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 15
 (Year) (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION Housekeeper
 (20) Number of children born to mother, including present birth 1
 (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 11 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Richbourg(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Vance, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Nov. 3, 1922(28) A. V. Hartley 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 CAPITALS, IN INK, AND MARK THE PRINTED TWIN OR TRIPLETS BY A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.