

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24993

Registration District No. 802

Registered No. 87

(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

Samuel Guinyard

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug. 9, 1922

## FATHER.

(8) FULL NAME

Hector Guinyard

(9) PRESENT POSTOFFICE OF FATHER

Ellmore, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

4 2 (Years)

(12) BIRTHPLACE

Calhoun Co

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Aiken

(15) PRESENT POSTOFFICE OF MOTHER

Ellmore, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Calhoun Co

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

12

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Sylvia W. Winters

(24)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Cannon, 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

Aug. 11, 1922

(28)

W. J. Keller, 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.