

## (1) PLACE OF BIRTH

County of Musburg  
 Township of Quincy  
 or  
 Inc. Town of.....  
 or  
 City of .....

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

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

Registration District No. 4311 Registered No. 67  
 (For use of Local Registrar)

File No.—For State Registrar Only  
75164

(2) Full Name of Child Fred Price Guerry Jr child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 24, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fred Price Guerry  
 (9) PRESENT POSTOFFICE OF FATHER Kingstree S.C. R7D1  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Musburg County  
 (13) OCCUPATION Merchant  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Kate Hederton  
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree S.C. R7D1  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)  
 (18) BIRTHPLACE Summerville S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. D. Jacobs M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Kingstree S.C.

Given name added from a supplemental report

.....  
 ..... 19 ..  
 Registrar

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

(27) Filed Aug 21, 1916 (28) W E Snowden 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.

MARGIN RESERVED FOR BINDING.

WRITE 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.