

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. If TWINS OR TRIPLETS are born, use a SEPARATE BLANK FOR EACH CHILD, and mark the N. B.—in the left margin with the number of the child, No. 1, 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Anderson

(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. 3A

File No.—For State Registrar Only

149

Registered No. 11
(For use of Local Registrar)

(St. Ward)

(2) Full Name of Child Bessie McGuffin

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 11 1922
(Month) (Day) (Year)

FATHER

(8) FULL NAME James W McGuffin

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Alconer Co S C

(13) OCCUPATION mill Op

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Rhoda Rison

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE West Co S C

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) J. L. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S C

Given name added from a supplemental report

(26) Witness

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

19... Registrar

(27) Filed 10

(28) 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.

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