

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—TICK IN A PERMANENT RECORD.  
 If TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 first-born. No. 1, THIS CHILD, No. 2, etc., in question 5.  
 Michigan or California, Columns 8 & 9

**(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  
**149**

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

Registration District No. 3A  
 Registered No. 11  
 (For use of Local Registrar)  
 (St. .... Ward)  
 (If child is not yet named, make supplemental report as directed.)

**(2) Full Name of Child** Bessie McGuffin

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of Birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH: Jan 11, 1922  
 (Specify 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 Alcona Co S C  
 (13) OCCUPATION mill Op

**MOTHER**  
 (14) NAME BEFORE MARRIAGE River Rison  
 (15) PRESENT POSTOFFICE OF MOTHER Anderson  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32  
 (Year)  
 (18) BIRTHPLACE West Co S C  
 (19) OCCUPATION housewife

(20) Number of children born to mother, including present birth 7 (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 at 8:25 on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) J. S. Southern 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 before the fifth month of pregnancy. 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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