

## (1) PLACE OF BIRTH

County of Greenwood

Township of .....

or

Inc. Town of .....

or

City of Greenwood, S.C.(No. Greenwood Hospital ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 73aRegistered No. 73

(For use of Local Registrar)

(2) Full Name of Child Stratley Jean Guest

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 1 1943

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clyde Maxwell Guest(9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24

(Year)

(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 1 (One)

## MOTHER.

(15) NAME BEFORE MARRIAGE Alexis Eugenia Boyd(16) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 19

(Year)

(19) BIRTHPLACE Laurens, S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 (One)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) M. F. Turner, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenwood, 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 Feb 10 1943(28) W. A. Williams 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.