

MAINTAINED FOR BINDING.
WHITE 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.
MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of
OR
Inc. Town of Summerville
OR
City of

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

Registration District No. 4008

File No.—For State Registrar Only
5819

Registered No. 97
(For use of Local Registrar)

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

(2) Full Name of Child Irak Emma McGuinn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? — (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 28, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will E. McGuinn
(9) PRESENT POSTOFFICE OF FATHER Summerville
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Year) (12) BIRTHPLACE Clinton, S. C.
(13) OCCUPATION mill operator
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Loula Whitel
(15) PRESENT POSTOFFICE OF MOTHER Summerville
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Year) (18) BIRTHPLACE Penn.
(19) OCCUPATION house wife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Nelson, M. D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb. 20, 1922 (28) E. H. Parker
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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