

MARGIN RESERVED 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.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of
or
Inc. Town of Glendale
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

40075

Registered No. 365
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St. Ward)

(2) Full Name of Child Thos. I. Guist

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 2, 1922
(Time of Month) (Day) (Year)

FATHER.
(8) FULL NAME Earnest Guist

MOTHER.
(14) NAME BEFORE MARRIAGE Barrie Thomass

(9) PRESENT POSTOFFICE OF FATHER Glendale

(15) PRESENT POSTOFFICE OF MOTHER Glendale

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Jonesville

(18) BIRTHPLACE North Carolina

(13) OCCUPATION Mill work

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 P.M.
on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature) A. M. Allen

(24) State whether Physician or Midwife

Physician

(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 Nov. 12, 1922 (28) Mrs. C. F. 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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