

**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF LIVE BIRTH**

DELAYED
139-16-095341
BIRTH NUMBER

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix) ruth guinyard		2. TIME OF BIRTH (24HR)	3. SEX Female	4. DATE OF BIRTH (Mo/Day/Yr) June 03, 1916
	5. FACILITY NAME (If not institution, give street and number) Calhoun		6. CITY, TOWN, OR LOCATION OF BIRTH Cameron		
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) anna guinyard			8b. MOTHER'S DATE OF BIRTH (Mo/Day/Yr)	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) anna butler			8d. BIRTHPLACE (State, Territory, or Foreign Country) South Carolina	
	9a. RESIDENCE OF MOTHER- STATE		9b. COUNTY		9c. CITY, TOWN, OR LOCATION
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE	9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) david guinyard		10b. DATE OF BIRTH (Mo, Day, Yr)		10c. BIRTHPLACE (State, Territory, or Foreign Country) South Carolina
CERTIFIER	11. CERTIFIER'S NAME M Anita Parrish		12. DATE CERTIFIED 09 / 15 / 2008		13. DATE FILED BY REGISTRAR 06 / 20 / 2007
	TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) <u>Registrar</u>		MM DD YYYY		MM DD YYYY
INFORMATION FOR ADMINISTRATIVE USE					
MOTHER	14. MOTHER'S MAILING ADDRESS <input type="checkbox"/> Same as residence, or: State: _____ City, Town, or Location: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____				
	15. MOTHER MARRIED? (At birth, conception, or any time between) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF NO, HAS PATERNITY ACKNOWLEDGMENT BEEN SIGNED IN THE HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SOCIAL SECURITY NUMBER REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. FACILITY ID. (NPI)
	18. MOTHER'S SOCIAL SECURITY NUMBER		19. FATHER'S SOCIAL SECURITY NUMBER		
INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY					
MOTHER	20. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school complete at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		21. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____		22. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
FATHER	23. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school complete at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		24. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		25. FATHER'S RACE (Check one more races to indicate what the father considers himself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____
26. PLACE WHERE BIRTH OCCURRED (Check one) <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input checked="" type="checkbox"/> Other (Specify) <u>County</u>		27. ATTENDANT'S NAME, TITLE, AND NPI NAME _____ NPI _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____		28. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____	

STATE
OFFICE
USE ONLY