

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

DELAYED  
139-16-095341  
BIRTH NUMBER

<b>CHILD</b>	1. CHILD'S NAME (First, Middle, Last, Suffix) <b>ruth guinyard</b>	2. TIME OF BIRTH (24HR)	3. SEX <b>Female</b>	4. DATE OF BIRTH (Mo/Day/Yr) <b>June 03, 1916</b>
	5. FACILITY NAME (If not institution, give street and number) <b>Calhoun</b>	6. CITY, TOWN, OR LOCATION OF BIRTH <b>Cameron</b>		
<b>MOTHER</b>	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>anna guinyard</b>		8b. MOTHER'S DATE OF BIRTH (Mo/Day/Yr)	
	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) <b>anna butler</b>		8d. BIRTHPLACE (State, Territory, or Foreign Country) <b>South Carolina</b>	
	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
<b>FATHER</b>	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) <b>david guinyard</b>	10b. DATE OF BIRTH (Mo, Day, Yr)	10c. BIRTHPLACE (State, Territory, or Foreign Country) <b>South Carolina</b>	
<b>CERTIFIER</b>	11. CERTIFIER'S NAME <b>M Anita Parrish</b>		12. DATE CERTIFIED <b>09 / 15 / 2008</b>	13. DATE FILED BY REGISTRAR <b>06 / 20 / 2007</b>
	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
<b>INFORMATION FOR ADMINISTRATIVE USE</b>				
<b>MOTHER</b>	14. MOTHER'S MAILING ADDRESS <input type="checkbox"/> Same as residence, or: State: Street & Number: _____ Apartment No.: _____ Zip Code: _____		City, Town, or Location:	
	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	
<b>INFORMATION FOR MEDICAL AND HEALTH PURPOSES ONLY</b>				
<b>MOTHER</b>	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) _____	
<b>FATHER</b>	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) _____ County _____		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: _____			

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