CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
29077

(1) PLACE OF BIRTH
County of J. Berkley
Township of St. James
or
Inc. Town of .....
or
City of .....
Registration District No. ..... Registered No. .....
(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 William Calhoun Guerry
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? One | (5) Number in order of birth One | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Sept. 10, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Calhoun Guerry
(9) PRESENT POSTOFFICE OF FATHER Jamestown
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Berkley Co
(13) OCCUPATION R.R. Work.
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bailey
(15) PRESENT POSTOFFICE OF MOTHER Jamestown
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Berkley Co
(19) OCCUPATION Home Work
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Callie B. Rochester
(24) State whether Physician or Midwife: Midwife | (25) Address of Physician or Midwife: Jamestown

Given name added from a supplemental report .....
..... 19 ....
Registrar

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

(27) Filed Oct. 9, 1922 (28) [illegible]
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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAW OF COLUMBIA, COLUMBIA, S. C.