

(1) PLACE OF BIRTH

County of York
 Township of Millbrook Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 4403

No. for State Register

38061

Registered No. 59
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OR
 GUILD B (4) Twin
 or Triplet
 To be answered only in event of Twins or Triplets (5) Are
 Parents
 Married Yes (6) DATE OF
 BIRTH Nov 18, 1929
 (Name of Month) (Day) (Year)

FATHER
 (7) FULL
 NAME Ernest Guinn
 (8) PRESENT
 POSTOFFICE
 OF FATHER Sharon S.C.R.H.
 (9) COLOR
 OR
 RACE Black (10) AGE AT LAST
 BIRTHDAY 26
 (Year)
 (11) BIRTHPLACE
York Co. S.C.
 (12) OCCUPATION
Farmer

MOTHER
 (13) NAME BEFORE
 MARRIAGE Carrie Bell Mitchell
 (14) PRESENT
 POSTOFFICE
 OF MOTHER Sharon S.C.R.H.
 (15) COLOR
 OR
 RACE Black (16) AGE AT LAST
 BIRTHDAY 22
 (Year)
 (17) BIRTHPLACE
York Co. S.C.
 (18) OCCUPATION
Housewife

(19) Number of children born to
 mother, including present birth 1

(20) Number of children of this mother
 now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) (Hour A. M. or P. M.) 11 P. M.
 on the date above stated.

(22) (Signature) Marjorie Bora Guinn
 (23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Sharon S.C.R.H.

(25) Given name added from a supplement-
 al report

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

(27) Filed Nov 26, 1929 (28) W. C. Mitchell
 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.