

THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Horace McGuffie

File No.—For State Registrar Only
40725

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

Registration District No. 3A

Registered No. 462
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL—	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James B McGuffie

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Aconee S.C.

(13) OCCUPATION mill op

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Ransom

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(Years)

(18) BIRTHPLACE Habersham S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Born alive or Stillborn) (Sex: Male or Female)

(23) (Signature) A. L. Smith
(24) State, whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed (28) ANDERSON, S.C.
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.