

(1) PLACE OF BIRTH

County of FlorenceTownship of Florenceor Inc. Town of Florenceor City of Florence

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

(2) Full Name of Child Garvie Finkbea(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 22 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Finkbea(9) PRESENT POSTOFFICE OF FATHER Florence(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Florence(13) OCCUPATION R. R. work(14) NAME BEFORE MARRIAGE Minnie Wilson(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Florence(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) Rachel Hicks (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 549 Commercial St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) C. C. Crapp (27) Filed Feb 6 22 (28) 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.