

Form No. 1.

(1) PLACE OF BIRTH
County of Greenville
Township of Fairview

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

File No.—For State Registrar Only
77259

or
Inc. Town of Registration District No. 2206 Registered No. 105
(For use of Local Registrar)
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 7 (5) Number in order of birth 7 (6) Are Parents Married? ye (7) DATE OF BIRTH Aug. 11th, 19116
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Conway H. Garrett
(9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(Years)
(12) BIRTHPLACE S.C.

(13) OCCUPATION Carpenter and Farmer

(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Scruggs
(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)
(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 130 AM.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Sue Scruggs

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ft. Inn, S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Oct. 16, 19116 (28) T. B. Duckett
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.

MARGIN RESERVED FOR BINDING.

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

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.

McGraw, of Columbia.