

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of North Charleston
 or
 Inc. Town of North Charleston
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
585

Registration District No. 906 Registered No.
 (For use of Local Registrar)

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

(3) SEX OR CHILD Female (4) Type of Infant To be reported as child of Father or Mother (5) Number in order of birth 1 (6) Age of Child 2 (7) DATE OF BIRTH Jan 22 1923
 (Month of Birth) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Tom Garoth</u>	(14) NAME BEFORE MARRIAGE <u>Eloise B. Brown</u>	(9) PRESENT RESIDENCE OF FATHER <u>McClennan</u>	(15) PRESENT RESIDENCE OF MOTHER <u>McClennan</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(12) BIRTHPLACE <u>Charleston, S.C.</u>	(18) BIRTHPLACE <u>Charleston, S.C.</u>	(13) OCCUPATION <u>Day Laborer</u>	(19) OCCUPATION <u>Day Laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nate Newton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McClennan

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 22 1923 (28) Geo. E. Beckman Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.