

Form No. 1

(1) PLACE OF BIRTH

County of Greenville  
Township of Auxier  
OF  
Inc. Town of .....  
OF  
City of .....

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

File No. — For State Registrar Only  
**21153**

Registration District No. 2200 Registered No. 90  
(For use of Local Registrar)

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

3 BOY OR GIRL <u>1</u>	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>July 10 1913</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Ben. Garrett</u>			14 NAME BEFORE MARRIAGE <u>Dora Martin</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
10 COLOR OR RACE <u>B</u>	11 AGE AT LAST BIRTHDAY <u>1</u> (Year)	16 COLOR OR RACE <u>B</u>	17 AGE AT LAST BIRTHDAY <u>1</u> (Year)	
12 BIRTHPLACE <u>S.C.</u>		18 BIRTHPLACE <u>S.C.</u>		
13 OCCUPATION <u>Farmer</u>		19 OCCUPATION <u>Housewife</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 alive at 8 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. Richardson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Simpsonville

Given name added from a supplemental report

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

(27) Filed Aug. 3 1913 (28) L. B. Richardson  
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.

REPRODUCED FROM THE ORIGINAL RECORDS OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, 1913. FORM NO. 1. THIS OFFICE, No. 2, etc., in question 3.

Revised by Columbia, Columbia, S. C.