

THIS IS A PERMANENT RECORD.
 If child is stillborn, see a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. This OTHER, No. 2, etc., in question 6.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|---|--|---|-----------------------------------|--|
| County of <u>Lancaster</u> | | STATE OF SOUTH CAROLINA | | 3579 | |
| Township of <u>Summerville</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>10-23</u> | | Registered No. <u>23</u> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (No. St. Ward) | | | |
| (If birth occurs in a hospital or other institution, name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Garrie May</u> | | | | | |
| (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Feb. 23</u> | (8) (Name of Month) (Day) (Year) <u>1922</u> |
| FATHER | | | MOTHER | | |
| (9) FULL NAME <u>Black Blockwell</u> | | | (14) NAME BEFORE MARRIAGE <u>Fannie Garner</u> | | |
| (10) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S. C.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S. C.</u> | | |
| (11) COLOR OR RACE <u>W.</u> | (12) AGE AT LAST BIRTHDAY (Years) <u>41</u> | (16) COLOR OR RACE <u>W.</u> | (17) AGE AT LAST BIRTHDAY (Years) <u>36</u> | | |
| (13) BIRTHPLACE <u>Union Co. S. C.</u> | | | (18) BIRTHPLACE <u>Union Co. S. C.</u> | | |
| (19) OCCUPATION <u>Septic Opr</u> | | | (20) OCCUPATION <u>H wife</u> | | |
| (21) Number of children born to mother, including present birth <u>9</u> | | | (22) Number of children of this mother now living, including present birth <u>9</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (23) I hereby certify that I attended the birth of this child, who was at <u>5:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (24) (Signature) <u>F. E. Carey</u> | | | | | |
| (25) State whether Physician or Midwife <u>Physician</u> | | | | | |
| (26) Address of Physician <u>Gaffney, S. C.</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (27) Witnesses (Signature of Witness necessary only when question 23 is signed) <u>H. P. Ditchard</u> | | | | | |
| (28) Filed <u>Mar 1</u> 1922 (29) <u>H. P. Ditchard</u> 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.