

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of

City of

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

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

3319

Registration District No. 102 Registered No. 50
(For use of Local Registrar)

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

(1) BOY OR GIRL girl (2) Sex of Child girl (3) Date of Birth Feb. 21, 1923
(4) Time of Birth 10:30 A.M. (5) Place of Birth Cherokee County, S.C.
(6) Name of Mother Julia Wilson

FATHER: (1) FULL NAME William Garrison (2) PRESENT POSTOFFICE OF FATHER Waynesville, S.C.
(3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 45 (5) BIRTHPLACE Cherokee County, S.C.
(6) OCCUPATION Acresing (7) Number of children born to mother, including present birth 8

MOTHER: (1) NAME BEFORE MARRIAGE Julia Wilson (2) PRESENT POSTOFFICE OF MOTHER Waynesville, S.C.
(3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 40 (5) BIRTHPLACE Cherokee County, S.C.
(6) OCCUPATION Domestic (7) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Waynesville, S.C. on the date above stated. (Born alive or stillborn: (Hour M. or P. M.)(24) (Signature) J. Garrison (25) Address of Physician or Midwife Waynesville, S.C.

Given name added from a supplemental report

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

(27) W. F. Smith (28) W. F. Smith 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.

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