

(1) PLACE OF BIRTH

County of Lantern
 Township of Lantern
 or
 Inc. Town of
 or
 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

File No.—For State Registrar Only

35249

(2) Full Name of Child John Murral Garrison

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 1 22
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Boyer Garrison
 (9) PRESENT POSTOFFICE OF FATHER Watts mill
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
 (Years)
 (12) BIRTHPLACE Dramfield Co
 (13) OCCUPATION mill operation
 (20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Mabel. Gornel
 (15) PRESENT POSTOFFICE OF MOTHER Watts mill
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Deconee Co.
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature Robert N. Walker
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lantern

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 5 22 (28) 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.

Registrar Local Registrar
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McGraw, of Columbia