

(1) PLACE OF BIRTH

County of WilloughbyTownship of Andersonor
Inc. Town ofor
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

79623

Registration District No. 4300 Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Wilmer Garrison { If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 14 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME W J Garrison(9) PRESENT POSTOFFICE OF FATHER Trio(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Id(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Siggy Crooks(15) PRESENT POSTOFFICE OF MOTHER Trio S C(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Id(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Genet Mon(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Trio S C

Given name added from a supplemental report

191.....

Registrar

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

(27) Filled 7 14 1916 (28) G.W. Campbell 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.