

(1) PLACE OF BIRTH

County of EdgefieldTownship of Tabbuttor
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

File No.—For State Registrar Only

52061

(2) Full Name of Child Lillian Garrett { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH March 22 1916
(Name of Month) (Day) (Year)

FATHER.

(2) FULL NAME Amos Garrett(9) PRESENT POSTOFFICE OF FATHER Plum Branch(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Edgefield Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Saisy Gilchrist(15) PRESENT POSTOFFICE OF MOTHER Plum Branch(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Edgefield Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Eight P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Amos Garrett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 March 1916 (28) J. L. Hughey 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia

THIS IS A PERMANENT RECORD.