

(1) PLACE OF BIRTH

County of GreenvilleTownship of Harrier

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

48063

Registration District No. 2206Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Francis Garrett

St. Ward) 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 case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. Garrett(9) PRESENT POSTOFFICE OF FATHER Simpsonville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Thomas(15) PRESENT POSTOFFICE OF MOTHER Simpsonville(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at Greenville, S.C. on the date above stated.(23) (Signature) J. L. Richardson, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

(26) Witness

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

(27) Filed March 10 1916(28) J. B. Decker

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.

J. B. Decker Registrar

LOCAL REGISTRAR.

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WHEN PLACED 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.

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