

(1) PLACE OF BIRTH

County of SanchezTownship of George

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

46057

Registration District No. 1703 Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child

John Allen Garris St.; Ward)

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

(3) ~~Birth~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth10(6) Are
Parents
Married?

(7) DATE

BIRTH

Jan 4 1906
(Name of Month) (Day) (Year)

Take account only in event of Twins or Triplets

(8) FULL
NAMEJohn Garris(9) PRESENT
POSTOFFICE
OF FATHERSt George(10) COLOR
OR
RACENegro(11) AGE AT LAST
BIRTHDAY41
(Years)

(12) BIRTHPLACE

Colleton Co.

(13) OCCUPATION

Farmer(14) NAME BEFORE
MARRIAGEAnna Will(15) PRESENT
POSTOFFICE
OF MOTHERSt George(16) COLOR
OR
RACENegro(17) AGE AT LAST
BIRTHDAY38
(Years)

(18) BIRTHPLACE

Colleton Co.

(19) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth10(21) Number of children of this mother
now living, including present birth10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elyse Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid WifeSt George

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed Jan 11 1906(28) CarlyIf an attending physician or midwife, then the father, householder, etc., should make this report. If
not, it must be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.