

(1) PLACE OF BIRTH

County of Anderson
 Township of Garson
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 315

No. 14. - For this registration
31017

Registered No. 74
(For use of Local Registrar)

(No. St.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Infant <u>Is he reported only in case of Twin or Triplets</u>	(3) Number in order of birth <u>1</u>	(4) Is Child Married <u>Yes</u>	(5) DATE OF BIRTH <u>Oct 7, 1933</u> (Name of Month) (Day) (Year)
(6) FULL NAME <u>W. O. Garson</u>		(7) NAME BEFORE MARRIAGE <u>Garson</u>		
(8) PRESENT RESIDENCE OF FATHER <u>Anderson S. C.</u>		(9) PRESENT RESIDENCE OF MOTHER <u>Anderson S. C.</u>		
(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(12) COLOR <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(14) BIRTHPLACE <u>Anderson S. C.</u>		(15) BIRTHPLACE <u>Anderson S. C.</u>		
(16) OCCUPATION <u>Farmer</u>		(17) OCCUPATION <u>Domestic</u>		
(18) Number of children born to mother, including present birth <u>3</u>		(19) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) J. H. Lawrence

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

(25) Filed 11/1/33 at 23 (26) W. K. Cray
 Registrar 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.

U. S. - In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See instructions on back of this form. FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.