

Form No. 1

(1) PLACE OF BIRTH

County of Lawrence
 Township of Youngs
 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

14817

Registration District No. 2808Registered No. 21
(For use of Local Registrar)(2) Full Name of Child Baby 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 (6) Are Parents Married? yes (7) DATE OF BIRTH April 13, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reed Garrett
 (9) PRESENT POSTOFFICE OF FATHER Rt. 1, Fountain Inn S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Gassett
 (15) PRESENT POSTOFFICE OF MOTHER Rt. 1, Fountain Inn S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Housework
 (20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on April 13, 1923 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) H. M. Johnson M.D.(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report

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

(26) Filed 6/10/23 (27) Local Registrar RB Harris

B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. Use FORM NO. 1 FOR FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in questions 3 and 4.

OF SOUTH CAROLINA, COLUMBIA, S. C.