

1. PLACE OF BIRTH

County of GreenvilleTownship of Groveor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

42756

Registration District No. 2210 Registered No. 8
(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 Charles William Garrison (If child is not yet named, make supplemental report as directed)

1. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Dec. 31, 1922</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8. FULL NAME <u>John Garrison</u>	14. NAME BEFORE MARRIAGE <u>Beulah Lollis</u>	15. PRESENT POSTOFFICE OF FATHER <u>Piedmont, S. C., # 3</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Piedmont, S. C., # 3</u>
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>45</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>32</u> (Years)
12. BIRTHPLACE <u>S. C.</u>		18. BIRTHPLACE <u>S. C.</u>	
13. OCCUPATION <u>Farmer</u>		19. OCCUPATION <u>Domestic</u>	
20. Number of children born to mother, including present birth } <u>7</u>		21. Number of children of this mother now living, including present birth } <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was b. alive at 3:20 M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature A. W. Campbell
24. State Physician 25. Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

27. Filed 19 28. Local RegistrarWhen 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.