

1. PLACE OF BIRTH
 County of Greenville
 Township of Grove
 or
 Inc. Town of _____
 or
 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 _____)

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? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Dec. 31</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER
 8. FULL NAME John Garrison
 9. PRESENT POSTOFFICE OF FATHER Piedmont, S. C., # 3
 10. COLOR OR RACE White
 11. AGE AT LAST BIRTHDAY 45
 (Years)
 12. BIRTHPLACE S. C.
 13. OCCUPATION Farmer

MOTHER
 14. NAME BEFORE MARRIAGE Beulah Lollis
 15. PRESENT POSTOFFICE OF MOTHER Piedmont, S. C., # 3
 16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 32
 (Years)
 18. BIRTHPLACE S. C.
 19. OCCUPATION Domestic

20. Number of children born to mother, including present birth } 7

21. Number of children of this mother } 7
 now living, including present birth }

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 whether Physician or Midwife Physician 25. Address of Physician or Midwife Piedmont, S. C.

Given name added from a supplemental report

 _____ 1922
 Registrar

26. Witness _____
 (Signature of Witness necessary only when question 23 is signed by mark)
 27. Filed _____ 19 _____ 28. 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.