Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
55888

(1) PLACE OF BIRTH
County of Florence
Township of .....
or
Inc. Town of Timmonsville Registration District No. 2015 Registered No. 71 (For use of Local Registrar)
or
City of ..... (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 Eddie Garner { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH April 7, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Martin Garner	(14) NAME BEFORE MARRIAGE Pauline Stratton
(9) PRESENT POSTOFFICE OF FATHER Timmonsville	(15) PRESENT POSTOFFICE OF MOTHER Timmonsville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Darlington Co.	(18) BIRTHPLACE Florence Co.
(13) OCCUPATION Job Work	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { 5	(21) Number of children of this mother now living, including present birth { 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Nattie Sinner midwife
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness C. W. P. Walker
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10 1916 (28) W. G. Mims 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.