

(1) PLACE OF BIRTH

County of

Township of

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

2530

Registration District No. 4006

Registered No. 7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Earl Garner (No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(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

1-22-22
(Name of Month) (Day) (Year)

(8) FULL NAME

Mr. Garner

FATHER.

(9) PRESENT POSTOFFICE OF FATHER

Trough S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY
(Years) 24

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Mary Motte

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER

Trough S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY
(Years) 23

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1 24

(21) Number of children of this mother now living, including present birth

1 23

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 70 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

N. L. Kump

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. Paecker, 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

2-6-22

19 22

(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.

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