

(1) PLACE OF BIRTH

County of Clarendon
Township of Calway
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only
17262

Registration District No. 1241 Registered No. 24
(For use of Local Registrar)

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 Roy Garrison 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 (6) Are Parents Married? no (7) DATE OF BIRTH June 2, 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Luina Garrison
(15) PRESENT POSTOFFICE OF MOTHER Pinebluff S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION domestic
(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 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Garrison
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pinebluff S.C.

Given name added from a supplemental report
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..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10 1923 (28) C. S. Giffen 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.

DIVISION No. 1 THE OTHER No. 2, etc. in question 1