

(1) PLACE OF BIRTH

County of Anderson
 Township of Pendleton
 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

3081

Registration District No. 310

Registered No. 22
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Gladis Garrison Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 23, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Garrison

(9) PRESENT POSTOFFICE OF FATHER

Pendleton, S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Anderson, S.C.

(13) OCCUPATION

Farmer

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

Eight

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Miller

(15) PRESENT POSTOFFICE OF MOTHER

Pendleton, S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Greenville, S.C.

(19) OCCUPATION

Housewife

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

Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Rosa alive at 10 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Emma Vance

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Pendleton, 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

Mar. 10, 1922(28) N. H. Leawright

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.

MARGIN RESERVED FOR INDEXING.

WRITING PLACED, WITH UNFOLDING FLAP, IN POSITION OF INDEXING. THIS FLAP IS TO BE USED FOR INDEXING. IT IS NOT TO BE USED FOR INDEXING. IT IS NOT TO BE USED FOR INDEXING.

NOTE: In case of stillbirth, the child must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

1922