

(1) PLACE OF BIRTH

County of WaynesTownship of Lawsonor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43673

Registration District No. 7904 Registered No. 71
(For use of Local Registrar)(2) Full Name of Child Phannie Garrett

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Angie Garrett(9) PRESENT POSTOFFICE OF FATHER Lawson Co S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Lawson Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Gray(15) PRESENT POSTOFFICE OF MOTHER Lawson Co S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Lawson Co S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ashtley Boyle(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawson Co S.C. #5

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness John J. ...(27) File 15 (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.