

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

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

Registration District No. 2200 Registered No. 102

(For use of Local Registrar)

(2) Full Name of Child Sam. Garrett Jr. (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL B

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Apr 10 1902
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam. Garrett(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 49 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Deputy Sheriff(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Hazel F. Fisher(16) PRESENT POSTOFFICE OF MOTHER Greenville(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 31 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION House wife(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 born at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Richardson M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 2, 1902 (28) E. J. Richardson 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.