

(1) PLACE OF BIRTH
County of Laurens
Township of Laurens
or
Inc. Town of
or
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
30990

Registration District No. 2904 Registered No. 109
(For use of Local Registrar)

(2) Full Name of Child Mudell Garrett { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number of order of birth 1 (6) Are Yes Parents Married? (7) DATE OF BIRTH Sept. 1 1912
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Ward Garrett
(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE SC

(13) OCCUPATION Cotton mill operative

(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Maria Sherrill
(15) PRESENT POSTOFFICE OF MOTHER Laurens SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(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 Laurens, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Seaton
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Laurens SC

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
By 10-27
(27) Filed 10-27 (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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