

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PRELIMINARY RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Groville
Township of Grove
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
42750

Registration District No. 2218 Registered No. 1
(For use of Local Registrar)
(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 Beth Jane Garrison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 6 1922
(Name of Month) (Day) (Year)
To be answered only in case of Twins or Triplets

FATHER
(8) FULL NAME Oscar Garrison
(9) PRESENT POSTOFFICE OF FATHER Pelzer S.C. #3
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Anth Chandler
(15) PRESENT POSTOFFICE OF MOTHER Pelzer S.C. #3
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE S.C.
(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 6:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. T. Stoddard
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pelzer S.C.

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 8 1923 (28) L. T. Stoddard 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.