

(1) PLACE OF BIRTH

County of York

Township

or Town of

City of Rock Hill, S.C.

(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. 4413

No. 5405

Registered No. 27
(For use of Local Registrar)

(2) Full Name of Child Elizabeth Ann Hess Garrison If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 12, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Albert Garrison

(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE York Co

(13) OCCUPATION Electrician

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Eula (Cannon)

(16) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 19
(Year)

(19) BIRTHPLACE Lancaster Co

(20) OCCUPATION House

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 A.M. on the date above stated.

(23) (Signature) W. R. Macomber

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 3/5/23 (28) Johnnie 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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