

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Buckman  
 OR  
 Inc. Town of \_\_\_\_\_  
 OR  
 City of Wass Shoals

REGISTRATION DISTRICT  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. - For State Registrar Only

11838

Registration District No. 2906 Registered No. 18  
 (For use of Local Registrar)

City of \_\_\_\_\_ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 19 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Clyde Garrett  
 (9) PRESENT POSTOFFICE OF FATHER Ware Shoals S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Year)  
 (12) BIRTHPLACE Laurens Co. S.C.  
 (13) OCCUPATION Farmel  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mildred Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Ware Shoals - S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Year)  
 (18) BIRTHPLACE Laurens Co. S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. B. K. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Home Path. Co.

Given name added from a supplemental report.

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

(27) Filed for 17 19 22 (28) W. B. Sullivan 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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