

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Easley

(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

50194

Registration District No. 37-a Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Lula Gertrude Garrick 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 Feb. 29, 1916  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME John Garrick(9) PRESENT POSTOFFICE OF FATHER Easley, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Richland Co. - S.C.(13) OCCUPATION Cotton Mill(20) Number of children born to mother, including present birth 2MOTHER.  
(14) NAME BEFORE MARRIAGE Willie May Fletcher(15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Columbia Co. - S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. F. Hyatt(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley, S.C.

Given name added from a supplemental report

James G. 1916C. W. Miller Registrar

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

(27) Filed Mar 1, 1916 (28) E. F. Hyatt 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.

Registrar

LOCAL REGISTRAR

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MAKING RECORDS FOR BIRTHS  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 5.  
 N. B. McCaw, of Columbia.