

(1) PLACE OF BIRTH

County of AndersonTownship of Pendleton

Inc. Town of

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

58570

Registration District No. 310 Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child Mary Edith 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 April 3 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Garrison(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE May Holland(15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Female at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert R. Day(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pendleton S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

May 1 1916

(28)

H. W. Seawright 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.

WHEN PLACED IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.