

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10. - For State Registrar Only

4083

Registration District No.

Registered No.

(For use of Local Registrar)

No.

Give name of street instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

2) BOY OR GIRL

Boy

(4) Twin or Triplet

3) Number in order of birth

FATHER.

4) FULL NAME

E. C. Garner

5) PRESENT POSTOFFICE OF FATHER

Greenville

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33

12) BIRTHPLACE

Spartanburg Co.

13) OCCUPATION

Carpenter

20) Number of children born to mother, including present birth

five

6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 13, 1923

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Henderson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Chester Co.

(19) OCCUPATION

House wife

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

five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

alive

at 12:30 P. M.

on the date above stated.

(23) (Signature)

W. B. Wright, M. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

116 E. North St.

Given name added from a supplemental report

Janie Fairay

(26) Witness

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

(27) Filed

Feb. 13, 1923

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.

Filed 9-25-30, 19

Registrar.

Registrar.