

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cush Springs
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
12035

Registration District No. 40013 Registered No. 18
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Thron Garrow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 28, 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>J. B. Garrow Jr.</u>		(14) NAME BEFORE MARRIAGE <u>Cora Guin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Arcadia</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Arcadia</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(12) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(13) BIRTHPLACE <u>D.C.</u>		(16) BIRTHPLACE <u>N.D.A.</u>		
(18) OCCUPATION <u>Cotton mill operative</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Two</u>		(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P. M., on the date above stated. (Born alive or stillborn: (Hour M. or P. M.)

(23) (Signature) D. B. Hargraves M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Arcadia, S.C.

Given name added from a supplemental report

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

(27) Filed Apr 15 1923 (28) D. B. Hargraves 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.

(29) D. B. Hargraves Local Registrar.

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