

Form No. 3

(1) PLACE OF BIRTH

County of AllendaleTownship of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thelma Mary Garrison

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet?
.....
To be answered only in event of Twins or Triplets(5) Number in order of birth
.....(6) Are Parents Married?
Yes(7) DATE OF BIRTH Sept 16, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ruthen Garrison(9) PRESENT POSTOFFICE OF FATHER Allendale S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Labor(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Thelma Bryant(15) PRESENT POSTOFFICE OF MOTHER Allendale S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Labor(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Camille A. DeLoach(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allendale S.C.

Given name added from a supplemental report

(26) Witness F.H. Boyd M.D. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 25, 1922 (28) F.H. Boyd M.D. 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.

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
28607Registration District No. 4600 Registered No. 105
(For use of Local Registrar)

(No. St.; Ward)