

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. M.—In 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.

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Cherokee  
 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.)

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

File No.—For State Registrar Only  
**36441**

Registration District No. 4002 Registered No. 1279  
 (For use of Local Registrar)

**(2) Full Name of Child**

Garrison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Howard Garrison  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee, SC  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32  
 (Year)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Angie Calaness  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee, SC  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31  
 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Housewife  
 (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 Born alive on the date above stated. (Hour 3 a. M. or P. M.)

(23) (Signature) Om. Chapman

(24) State of Physician Physician or Midwife

(25) Address of Physician or Midwife Cherokee, SC

Given name, added from a supplemental report

(26) Witness

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

(27) Filed 11/10 1922

(28) J. H. Lockwell 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy