

Form No. 1

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

FILE NO. - For this registration  
**73891**

(1) PLACE OF BIRTH  
 County of Marion  
 Township of White  
 or  
 Precinct of White  
 City of Irvin  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3407 Registered No. 4-6  
 (For use of Local Registrar)

(2) Full Name of Child Garnie Bell Irvine If child is not yet named, make supplemental report as directed

(a) SEX girl (b) Date of Birth Aug 22 1926  
 (c) Time of Birth 10 (d) Place of Birth Irvin  
 (e) DATE OF BIRTH (Name of Month) (Day) (Year)

**FATHER**  
 (a) FULL NAME Wash Irvine  
 (b) PRESENT ADDRESS OF FATHER Ree Bell St  
 (c) COLOR Cal. (d) RACE W  
 (e) BIRTHPLACE Marion Co S.C.  
 (f) OCCUPATION Public work  
 (g) Number of children born to mother, including present born 4

**MOTHER**  
 (a) NAME BEFORE MARRIAGE Garnie Bell  
 (b) PRESENT ADDRESS OF MOTHER Ree Bell St  
 (c) COLOR Cal. (d) RACE W  
 (e) BIRTHPLACE Marion Co S.C.  
 (f) OCCUPATION housewife  
 (g) Number of children born to father, including present born 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (1) I hereby certify that I attended the birth of this child, who was born on Aug 22 1926 at Irvin on the date above stated.  
 (2) Signature Wash Irvine  
 (3) Signature Garnie Bell  
 (4) Signature Wash Irvine

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 children before the fifth month of pregnancy.

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MAJOR COMMISSIONER OF HEALTH  
 SOUTH CAROLINA, WITH VERNALIS DAY - 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 second, No. 2, etc. in question 1.