CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 16215

Registration District No. 3907 Registered No. 37
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Orangeburg
Township of Lifed Lake
or
Inc. Town of .....
or
City of ..... (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 Essie May 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 Twin or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 22 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Isaiah Garrison	(14) NAME BEFORE MARRIAGE Essie Walker
(9) PRESENT POSTOFFICE OF FATHER Springfield	(15) PRESENT POSTOFFICE OF MOTHER Springfield
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 4	(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 ..... at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eva + Morgan
(24) State whether Physician or Midwife Mid Wife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report
.....
..... 19 .....
Registrar

(26) Witness J. W. Mason
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 31 1922 (28) J. M. Larsen
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.

NOTE—WHITE PLANCK, WITH UNFADING INK—PRINTED IN A PERMANENT RECORD.
IN case of TWIN OR TRIPLETS, use separate blank for each child, and mark the
BIRTHS—BORN, No. 1, TWIN OF BIRTH, No. 2, etc., in question 5.

RECORDER COLUMBIA, COLUMBIA, S. C.