

(1) PLACE OF BIRTH

County of OrangeburgTownship of Lance

or

Inc. Town of

or

City of Matthew

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

(2) Full Name of Child Matthew Garrison

File No.—For State Registrar Only

16304Registered No. 43
(For use of Local Registrar)Registration District No. B. 6. 18St. 43 Ward

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 27, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Jessie Garrison(9) PRESENT POSTOFFICE OF FATHER Lance & C(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S C(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Jessie Fuller(15) PRESENT POSTOFFICE OF MOTHER Lance & C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S C(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Beteri Fuller(24) State whether Physician or Midwife Mid wife (25) Address of Physician or Midwife Lance & C

Given name added from a supplemental report

(26) Witness W. A. Dantley

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

(27) Signature W. A. Dantley (28) 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.
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.
Bureau of Columbia, Columbia, S. C.