

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

File No.—For State Registrar Only

3996

(1) PLACE OF BIRTH

County of Greenville

Township of Austin.....

Inc. Town of.....

City of

Registration District No. 1800 Registered No. 17
(For use of Local Registrar)

(No. St. Ward)
 institution, give name of same instead of street and number.)

(2) Full Name of Child John Garza If child is not yet named, make supplemental report as directed

2) BOY OR GIRL?

(4) **Taken**

To be removed only in event of Twin or Triplate

(5) Number in order of birth

Are Parents Missing?

(7) DATE OF

BIRTH Feb 1 1923
(Month) (Day) (Year)

FATHER.

(b) FULL NAME

(8) PRESENT
POST OFFICE
OF FATHER

(10) COLOR OR RACE

(12) **DISPLACE**

(12) **OCCUPATION**

28) Number of children born to mother, including present live

(11) AGE AT LAST BIRTHDAY... 29

(14) **NAME BEFORE MARRIAGE**

(18) PRESENT
POSTOFFICE
OF MOTHER

(10) COLOR OR RACE

NO DUTYPLACE

(19) **OCCUPATION**

(71) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alvin at 5:45 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
William

(26) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

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

March 10, 1979. (20) J. H. Charan
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.