

(1) PLACE OF BIRTH

County of Edgefield

Township of

or
Inc. Town of Calhounor
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

30014

Registration District No. 18.23 Registered No. 23
(For use of Local Registrar)(2) Full Name of Child John Henry Garner { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 20, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Garner(9) PRESENT POSTOFFICE OF FATHER Calhoun S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Holmes(15) PRESENT POSTOFFICE OF MOTHER Calhoun S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Barbara Dugas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Calhoun S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 20, 22 (28) J.S. Miller
Registrar 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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.