

(1) PLACE OF BIRTH

County of

Township of

or

Ine. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2288

Registration District No. 3706

Registered No. 6

(For use of Local Registrar)

(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

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

3) BOY OR GIRL

girl

4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 4 22

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8) FULL NAME

John Wesley Garrett

14) NAME BEFORE MARRIAGE

Neta Dodd

9) PRESENT POSTOFFICE OR FATHER

Pickens Co.

15) PRESENT POSTOFFICE OF MOTHER

Pickens Co.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

34

(12) BIRTHPLACE

Pickens Co.

(18) BIRTHPLACE

Oconee Co.

13) OCCUPATION

Blacksmith

(19) OCCUPATION

Housewife

20) Number of children born to mother, including present birth

6

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3209 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. Valley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed

19

(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.

NOTE.—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 6.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.