

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72897

Township of .....

Inc. Town of PiedmontRegistration District No. 722 Registered No. 50

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 21, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>Harrison A. Garrett</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont SC</u>
(10) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(12) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth { <u>1</u> }

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Willie H. Huff</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont SC</u>
(16) COLOR OR RACE <u>White</u>
(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>
(18) BIRTHPLACE <u>S.C.</u>
(19) OCCUPATION <u>Domestic</u>
(21) Number of children of this mother now living, including present birth { <u>1</u> }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 610 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife (25) Address of Physician or Midwife Piedmont SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept 7, 1916 (28) R. F. Phillips  
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.