

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. for State Registrar Only
29480

County of Oconee

Township of

or

Inc. Town of Richland S.C.

or

City of

(No.)

Registered No.
(For use of Local Registrar)

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 Amirisa Tra

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

(3) SEX OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet	1	no	<u>Sept 21</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Garrison</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Wright</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Seneca S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Seneca S.C.</u>	
(10) COLOR <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY			(17) AGE AT LAST BIRTHDAY	
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Seneca S.C.</u>	
(13) OCCUPATION <u>works on railroad</u>			(19) OCCUPATION <u>works on farm</u>	
(20) Number of children born to mother, including present birth			(21) 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 Born alive at 1 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Lettamus

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeSeneca S.C.Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

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(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.