

(1) PLACE OF BIRTH

County of Greenville
 Township of Tanner

or
 Inc. 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
64531

Registration District No. 2206

Registered No. 73

(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u> <small>To be marked only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Joseph H. Garrett</u>		(14) NAME BEFORE MARRIAGE <u>Sallie Watson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Tanner Inn</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Tanner Inn</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Hawkeeping</u>		
(20) Number of children born to mother, including present birth <u>15</u>		(21) Number of children of this mother now living, including present birth <u>18</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. L. Anderson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Simpsonville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed July 10 1916

(28) J. B. Buckner
 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.

MARGIN RESERVED FOR BINDING.
 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