

(1) PLACE OF BIRTH

County of YorkTownship of YorkInc. Town of YorkCity of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45079

Registration District No. 4408 Registered No. 128

(For use of Local Registrar)

(2) Full Name of Child Margaret Garrison

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 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 14, 1915

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Julius Leroy Garrison(9) PRESENT POSTOFFICE OF FATHER Firzah SC.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE York Co. SC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Leona Mickel(15) PRESENT POSTOFFICE OF MOTHER Firzah SC.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Howell(24) State whether Physician or Midwife (25) Address of Physician or Midwife York SC.

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 Dec. 15, 1915 (28) J. S. Barrow 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.

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