

(1) PLACE OF BIRTH

County of Lancaster,
 Township of Gills Creek,
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26827

Registration District No. 2804 Registered No. 132
 (For use of Local Registrar)

(2) Full Name of Child

H. B. Garris, Jr.

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

3) BOY OR GIRL <u>Boy.</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes.</u>	7) DATE <u>03/26/22.</u> BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>H. B. Garris,</u>			14) NAME BEFORE MARRIAGE <u>Mollie Ghent,</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lancaster, S.C., R*4.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, S.C. R*4.</u>	
10) COLOR <u>White.</u> OR RACE	11) AGE AT LAST BIRTHDAY <u>52.</u> (Years)		16) COLOR <u>White.</u> OR RACE	17) AGE AT LAST BIRTHDAY <u>30.</u> (Year)
12) BIRTHPLACE <u>York Co., S.C.</u>			18) BIRTHPLACE <u>Lancaster Co., S.C.</u>	
13) OCCUPATION <u>Farmer.</u>			19) OCCUPATION <u>Housewife.</u>	
20) Number of children born to mother, including present birth <u>One.</u>			21) Number of children of this mother now living, including present birth <u>One.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife
Physician,(25) Address of Physician or Midwife
Lancaster, S.C.

Given name added from a supplement-
 al report

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

(27) Filed 7-17-22 (28) J. J. [Signature] 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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