

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

48133

Registration District No. 005 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

James Garrison

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 2

1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Garrison

(9) PRESENT POSTOFFICE OF FATHER

Allendale St.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Barnwell Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Olive Garrison

(15) PRESENT POSTOFFICE OF MOTHER

Allendale St.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Barnwell Co. S.C.

(19) OCCUPATION

Farmer's wife

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Bella G. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Allendale St.

Given name added from a supplemental report

(26) Witness

C. D. Rouse

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

(27) Filed

Feb 5 1916

(28)

J. H. House

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.

WRITER PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and use the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2. McGraw-Hill of Columbia