

Form No. 1

(1) PLACE OF BIRTH

County of McCormick

Township of Bordley

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

15004

Registration District No 4500

Registered No. 13

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Garnice Ary

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? 8

(5) Number in order of birth 8

(6) Age Parents Married? yes

(7) DATE OF BIRTH Feb 21, 23

FATHER.

(8) FULL NAME Henry Ary

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 43

(12) BIRTHPLACE S. C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Birme

(15) PRESENT POSTOFFICE OF MOTHER .....

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 42

(18) BIRTHPLACE S. C

(19) OCCUPATION Housewife

(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 alive on the date above stated. (Born alive or stillborn) (How long, or P. M.)

(23) (Signature) Margaret Albert

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 10 1923 (28) B. A. Matheson 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.