

Form No. 1

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Ham. West

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

30

Registration District No. 12.6 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 Mossie Lurline Garrett If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Female</u>	(4) Twins or Triplets <u>X</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 25 1922</u> (Month of birth) (Day) (Year)
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## FATHER.

(8) FULL  
NAME Anderson Garrett(9) PRESENT  
POSTOFFICE  
OF FATHER Danahoe S.C. H. 2(10) COLOR  
OR  
RACE Caucasian (11) AGE AT LAST  
BIRTHDAY 22 (Years)(12) BIRTHPLACE Albemarle S.C.(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Annie Moray(15) PRESENT  
POSTOFFICE  
OF MOTHER Danahoe S.C. H. 2(16) COLOR  
OR  
RACE Caucasian (17) AGE AT LAST  
BIRTHDAY 22 (Years)(18) BIRTHPLACE Albemarle S.C.(19) OCCUPATION Domestic(20) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

(When name added from a supplement-  
al report)(25) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed Feb 5 1923 (27) J. N. Brasher  
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.  
X. 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.

Bureau of Columbia, Columbia, S. C.