

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
31830

County of Colleton
Municipality of Walterboro
or
Town of Walterboro
or
City of

Registration District No. 1410

Registered No. 64
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Hell Hazzard Garris If child is not yet named, make supplemental report as directed

(2) SEX OR GENDER Girl (3) Type of Triplet 2 (4) Are Parents Married Yes (5) DATE OF BIRTH Sept 1 1923
(Month) (Day) (Year)

FATHER		MOTHER	
(10) NAME BEFORE MARRIAGE <u>Coleman Calhoun Garris</u>	(10) NAME BEFORE MARRIAGE <u>Gertrude Beery</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Milton Fla.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Smocks S.C.</u>
(11) COLOR OR RACE <u>white</u>	(11) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>29</u>	(12) AGE AT LAST BIRTHDAY <u>26</u>
(13) BIRTHPLACE <u>S.C.</u>	(13) BIRTHPLACE <u>S.C.</u>	(14) OCCUPATION <u>School Teacher</u>	(14) OCCUPATION <u>Housewife</u>
(15) Number of children born to mother, including present birth <u>2</u>	(15) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Non-resident P. M.)

(17) (Signature) E. L. Thompson (18) State whether Physician or Midwife Physician (19) Address of Physician or Midwife Smocks S.C.

Given name added from a supplemental report

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

(21) Filed Nov 9 1923 (22) R. M. ... 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.