

(1) PLACE OF BIRTH

County of AndersonTownship of 11Inc. Town of 11City of 11

(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

38421

Registration District No. 3A Registered No. 458

(For use of Local Registrar)

(No. 3 Lyons St. 11 Ward 11)(2) Full Name of Child Louis Garnell If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 17, 23

FATHER.

(8) FULL NAME Osborne Hounta Garnell(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Georgia(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Taylor(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 41 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 5:00 A.M. on the date above stated.(22) (Signature) J. B. Crayton(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Anderson

Even name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother) P. B. Crayton(26) Filed 191 (27) ANDERSON, S. G. 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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