

(1) PLACE OF BIRTH

County of HarveyTownship of GreenInc. Town of GreenCity of Green

(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

Registration District No. 7509

File No.—For State Registrar Only

36400

Registered No. 1008

(For use of Local Registrar)

(2) Full Name of Child

Garman

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Age at Birth <u>35</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2-3-28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Garman</u>			(9) NAME BEFORE MARRIAGE <u>George</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Green</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Green</u>	
(12) COLOR OR RACE <u>White</u>			(13) AGE AT LAST BIRTHDAY <u>23</u>	
(14) BIRTHPLACE <u>Harvey Co. S.C.</u>			(15) BIRTHPLACE <u>Harvey County S.C.</u>	
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Farmer</u>	
(18) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature

(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 22 is signed by mark)

(27) Filed 9-10-23 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.