

(1) PLACE OF BIRTH
County of Florence
Township of
or
Inc. Town of Timmonsville
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Ralph Garner

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

File No.—For State Registrar Only
77092

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 21 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Larow Garner
(9) PRESENT POSTOFFICE OF FATHER Timmonsville, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Darlington Co., S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Maime Ethel Spence
(15) PRESENT POSTOFFICE OF MOTHER Timmonsville, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Darlington Co., S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 2:10 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. K. Foster
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Timmonsville, S.C.

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 1 1916 (28) W. O. Munroe 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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