

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Williamston

Inc. Town of Pelzer

City of

(No. .... St. .... Ward)

(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

38475

Registered No. 180  
(For use of Local Registrar)

(2) Full Name of Child

Angie Root Garner

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

3. BOY OR GIRL

boy

4. Twin or Triplet

To be answered only in event of Twins or Triplets

5. Number in order of birth

7

6. Are Parents Married

yes

7. DATE OF BIRTH

Dec 24, 1923  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

B. E. Garner

9. PRESENT POSTOFFICE OF FATHER

Pelzer S. C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

35  
(Years)

12. BIRTHPLACE

Tenn.

13. OCCUPATION

House Worker

20. Number of children born to mother, including present birth

7

MOTHER.

14. NAME BEFORE MARRIAGE

Dessie Boyer

15. PRESENT POSTOFFICE OF MOTHER

Pelzer S. C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

27  
(Years)

18. BIRTHPLACE

Tenn.

19. OCCUPATION

Domestic

21. Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was

at 3 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelzer S. C.

Given name added from a supplemental report

(26) Witness

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

(27) File

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(28) Local Registrar

Ed. Crumshaw

\*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.