

Form No. 1

(1) PLACE OF BIRTH

County of Adrian
 Township of Adrian
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36884

Registration District No. 105 Registered No. 7-24
 (For use of Local Registrar)

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

(2) Full Name of Child Elaetha Garrett If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL ☒ (4) Twin or Triplet ☒ (5) Number in order of birth 1 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Nov 19 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmund Garrett

(9) PRESENT POSTOFFICE OF FATHER Adrian

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Adrian

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Brannen

(15) PRESENT POSTOFFICE OF MOTHER Adrian

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Adrian

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mildred Smith

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Donalds St 3

Given name added from a supplemental report

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

(27) Filed Nov. 20 1922 (28) J. H. P. Smith 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.