

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill(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

54121

Registration District No. 44 B Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child Mary Ann

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

(3) BOY OR GIRL? Y.(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Y(7) DATE OF BIRTH 3 1 6

To be completed only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Adolphus Garrison(9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York Co.(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Alice Davis(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Rockingham N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 10:40 A.M. at Rock Hill (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Dr. J. H. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 4/10/1916 (28) J. H. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.
Caw. of Columbia.