

## (1) PLACE OF BIRTH

County of Will

Township of .....

Inc. Town of Bishopville

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Use  
**14822**Registration District No. 299Registered No. 12  
(For use of Local Registrar)(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 William Lee Garrison (If child is not yet named, make supplemental report as directed)(3) SEX OR GIRL ✓ (4) Twin or Triplet ..... (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 - 1923  
(Name of Month) (Day) (Year)  
To be answered only in event of Twin or Triplet

## FATHER.

(8) FULL NAME Ben. Garrison(9) PRESENT POSTOFFICE OF FATHER Bishopville(10) COLOR white (11) AGE AT LAST BIRTHDAY 37  
(Years)(12) BIRTHPLACE St. Louis, Mo.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Garrison(15) PRESENT POSTOFFICE OF MOTHER Bishopville(16) COLOR white (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE New Haven Conn.(19) OCCUPATION Her own wife(20) 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 ..... at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Boone

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

Given name added from a supplemental report

(26) Witness Arthur H. ...  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 12, 1923 Wm. H. J. Laney  
Local RegistrarWhen 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.