

## (1) PLACE OF BIRTH

County of *Allendale*  
Township of *Scowron*  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

Registration District No 4608

**File No.—For State Registrar Only**

136

Registered No. ....  
(For use of Local Registrar)

## Still a Little Bit of Ward

(2) Full Name of Child Garnett Emily Brand

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

(3) **BOY OR GIRL**

(4) Twin

(5) Number in

To be answered only in event of Twins or Triplets

## (6) Are Parents Mugged?

(17) DATE OF

BIRTH.....*Jul 12* 19*22*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME George Henry Brant

(9) PRESENT  
POSTOFFICE  
OF FATHER

(10) COLOR OR PAGE

(11) AGE AT LAST BIRTHDAY

(12) <sup>95</sup> BIRTHPLACE

**13. OCCUPATION**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated. 11/11/71

(Born alive or stillborn)

...at 3:00 P.M.  
(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) **Witness**

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

(37) Filed

11.10.22 (28) [Signature] 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.