

(1) PLACE OF BIRTH

County of GreenvilleTownship of Tanner

or

Inc. Town of

or

City of

(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

64529

Registration District No. 2706 Registered No. 71

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Twin</u> <small>to be marked only in case of twins or triplets</small>	(5) Number in order of birth <u>15</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 20, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME John H. Garrett

(9) PRESENT POSTOFFICE OF FATHER Fountain Inn

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Tanner

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Watson

(15) PRESENT POSTOFFICE OF MOTHER Fountain Inn

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. H. Anderson, M.D.

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

Physician Greenville S.C.

Given name added from a supplemental report

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

(27) Filed July 6 1916 (28) M. B. Drake
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.

MARGIN RESERVED FOR BONDING.
WRITE 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.
McCaw, of Columbia.