

(1) PLACE OF BIRTH

County of Anderson
Township of Williamston
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
20850

Registration District No. 3-C Registered No. 42
(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 John William Garner (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Boy 4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 8 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J R Garner
9) PRESENT POSTOFFICE OF FATHER Pelzer, S.C.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)
12) BIRTHPLACE Tenn.
13) OCCUPATION mill work
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Clara McElrath
15) PRESENT POSTOFFICE OF MOTHER Pelzer, S.C.
16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18
(Years)
18) BIRTHPLACE S.C.
19) OCCUPATION Domestic
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Chas. Hays M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Williamston, 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 8-7 19 22 (28) William Russell
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.

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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.

MOBAM OF COLUMBIA, COLUMBIA, S. C.

MOBAM