

(1) PLACE OF BIRTH

County of HotspurTownship of Timmonsville

In town or

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

52227

Registration District No. 2015 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child

James H. Garrison

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

(3) SEX OR

Male

(4) DATE OF BIRTH

April 2, 1915

(5) Number in order of birth

2

(6) AGE

2

(7) DATE OF BIRTH

April 2, 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Garrison(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION John work(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE John(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) 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 born at Timmonsville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Reed H. Wright(24) State whether Physician or Midwife (25) Address of Physician or Midwife TIMMONSVILLE, S. C.

Given name added from a supplemental report

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

(27) Filed (28) 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.

MATING REGISTRATION, WITH ENDORSEMENTS, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE NUMBER OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUARTER 5. FIRST-BORN, NO. 1. THIS OTHER, NO. 2, ETC., IN QUARTER 5.