

Form No. 1

In 2077 Thade

(1) PLACE OF BIRTH

County of D. C. M.

Township of

or

Inc. Town of Walhalla

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

39527

Registration District No. 341 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child Christina Elizabeth Garrett (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 12, 22</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Burrell Garrett(9) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE D. C. M.(13) OCCUPATION Cotton Mill(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Rae Watters(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Housewife(21) 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 Christina at 11 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. F. Thode

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Walhalla

Given name added from a supplemental report

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

(27) Full Name John B. Thode (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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATED HEAVY FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 RECORD OF COLUMBIA, COLUMBIA, S. C.