

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

44343

Registration District No. 44 B

Registering No. 8

(For use of Local Registrar)

St. Ward

(2) Full Name of Child, Doris Luey Garrison

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

(3) BOY OR GIRL?

Girl

(4) Twin or triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 27, 1944

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Morris Garrison

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Rock Hill, S.C.

(13) OCCUPATION

Mill

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

5

(15) NAME BEFORE MARRIAGE

Mary (Bragg)

(16) PRESENT POSTOFFICE OF MOTHER

Rock Hill, S.C.

(17) COLOR OR RACE

W

(18) AGE AT LAST BIRTHDAY

33

(Years)

(19) BIRTHPLACE

Rock Hill, S.C.

(20) OCCUPATION

House

(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 born alive or stillborn, on the date above stated.

(23) (Signature)

W. H. R. R. R.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Rock Hill

(26) Name added from a supplemental report

(27) Witness

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

(28) Filed

2/1, 1945

(29) J. R. Muller

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 children before the fifth month of pregnancy.

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