

County of Barnstable
Township of West Cape
or
Inc. Town of Swilling
or
City of Swilling
(If birth occurs in a hospital or

File No.—For State Registrar Only
10043

Registration District No. 329... Registered No. 17...
(For use of Local Registrar)

City of San Francisco (No. 100)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Elizabeth Bell Garrow (If child is not yet named, make supplemental report as directed)
DATE OF 1916

1. SEX OF CHILD girl	2. BIRTH OR TRIPLING? Twin or Triplet?	3. NUMBER IN ORDER OF BIRTH	4. ARE PARENTS MARRIED? yes	5. DATE OF BIRTH April 22
To be answered only in event of Twin or Triplet				(Name of Month) (Day) (Year)
MOTHER				

FATHER.

1. FULL NAME *J. N. Garrison*
2. PRESENT POSTOFFICE OF FATHER *Garrison*
(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *47*
(12) BIRTHPLACE *Garrison Co.,*
(13) OCCUPATION *Farmer*

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Carter

(15) PRESENT POSTOFFICE OF MOTHER Barnwell

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Barnwell Co.

(19) OCCUPATION Farming

Number of children born to mother, including present birth { 3-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(2) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
R. H. Carter

(23) (Signature) [Signature] (25) Address of Physician or Midwife [Address]
(24) State whether Physician or Midwife [Mark]

Given name added from a supplemental report

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

(27) Filed May 9 1922 (28) Mr. Pank
Local Registrar.

19 (27) Place /
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.