

Form No 1.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

54181

(1) PLACE OF BIRTH

County of YorkTownship of Chimney

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 440Registered No. 84

(For use of Local Registrar)

(2) Full Name of Child. Elizabeth 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

to be given only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Garrison

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Garrison

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Laborer

(20) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

4/4/1916

(28)

Local Registrar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McGaw, of Columbia.