

(1) PLACE OF BIRTH

County of Anderson

Township of "

or Inc. Town of "

City of Anderson (No. 11 St.; Anderson Ward)

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

File No.—For State Registrar Only
71188

Registration District No. 3 A Registered No. 287
(For use of Local Registrar)

(2) Full Name of Child Raymond Garrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 8, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raymond W Garrison

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Dr. Tailor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Mayes

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION House W. K.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Garrison

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed 191..... (28) J. B. Garrison 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.

Local Registrar

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