

## (1) PLACE OF BIRTH

County of VolusiaTownship of Orange

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.)

(2) Full Name of Child Edgar Garret

File No.—For State Registrar Only

18269

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1402 Registered No. ....

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3) BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married? Yes

7) DATE OF BIRTH

May 31, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Edgar Garret

9) PRESENT POSTOFFICE OF FATHER

White Hall Fla.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30  
(Years)

12) BIRTHPLACE

White Hall Fla.

13) OCCUPATION

Farmer

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

Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Harris

(15) PRESENT POSTOFFICE OF MOTHER

White Hall Fla.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

White Hall Fla.

(19) OCCUPATION

Housewife

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

Seven

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Nancy Maywood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife White Hall Fla.

Given name added from a supplemental report

(26) Witness

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

Filed June 19, 1922 (28) P. G. Higgins  
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.