

(1) PLACE OF BIRTH

County of Wayne
 Township of Beach
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 30126—For State Registrar Use

Registration District No. 42:6

Registered No. 146
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Geraldine Garman 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) Age of Person Marrying yes (7) DATE OF BIRTH Sept 28 1923
 (Name of Person) (Day) (Year)

FATHER.

(8) FULL NAME H. J. Garman

(9) PRESENT POSTOFFICE OF FATHER Monroeb

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
 (Year)

(12) BIRTHPLACE W.C.

(13) OCCUPATION Housewife

(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Bertha Ruwan

(16) PRESENT POSTOFFICE OF MOTHER Monroeb

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 23
 (Year)

(19) BIRTHPLACE W.C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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. (Sign A. M. or P. M.)

(23) (Signature) J. L. Garman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Monroeb

Given name added from a supplemental report

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

(27) Filed Oct 1 1923 (28) 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.

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