

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town of Greenvilleor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

4911

Registration District No. 97-ARegistered No. 117
(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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 11 1925</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert L. Garrett(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE Ala.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Beulah Hendricks(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
(Year)(18) BIRTHPLACE Ala.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 11/11/25 at 8:45 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Soler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville, S. C.

Given name added from a supplemental report

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

(27) Filed Mar. 2 1925 (28) J. B. Soler
Registrar 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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