

MAILED PREPARED FOR THE HEALTH DEPARTMENT, STATE OF SOUTH CAROLINA, 1916

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Clarendon</u>		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No. <u>59375</u> For State Registrar Only	
Township of		Inc. Town of <u>Manning S.C.</u>		Registration District No. <u>1307</u> Registered No. <u>34</u> (For use of Local Registrar)	
City of		(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 <u>E. Garland</u>				{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 22 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Henry Garland</u>			(14) NAME BEFORE MARRIAGE <u>Florrie Ethel Stokes</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Manning S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Manning S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Darlington S.C.</u>			(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Machinist</u>			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)		
(20) Number of children born to mother, including present birth <u>1</u>			(18) BIRTHPLACE <u>Darlington S.C.</u>		
(21) Number of children of this mother now living, including present birth <u>1</u>			(19) OCCUPATION <u>Housewife</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6</u> P.M., on the date above stated. <small>(Born alive or stillborn) (Hour) (M. or P.M.)</small>					
(23) (Signature) <u>E. W. Barron M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Manning S.C.</u>					
(26) Witness <u>Local Registrar</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>					
(27) Filed <u>May 30 1916</u>					
(28) <u>Local Registrar</u>					

*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.

2. CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.