

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. For State Registrar Only
59375

County of Clarendon

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

Township of

or
Inc. Town of Manning S.C. Registration District No. 1307 Registered No. 34
(For use of Local Registrar)

or
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 J. E. Garland } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <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>
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FATHER.

(8) FULL NAME William Henry Garland

(9) PRESENT POSTOFFICE OF FATHER Manning S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Darlington S.C.

(13) OCCUPATION Machinist

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Florrie Ethel Stokes

(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Darlington S.C.

(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 alive at 6 P.M., on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) E. W. Barron M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manning 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 May 30 1916 (28) A. S. Todd 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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.