

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or  
Inc. Town of .....City of Early, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

20787

20787

Registration District No. 373ARegistered No. 126

(For use of Local Registrar)

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

## (2) Full Name of Child

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) Sex yes (7) DATE OF BIRTH Sept 3 1923  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME John C. Garrison  
(9) PRESENT POSTOFFICE OF FATHER Early, S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Year)  
(12) BIRTHPLACE Pickens Co. S.C.  
(13) OCCUPATION mill hand  
(14) Number of children born to mother, including present birth 6

MOTHER  
(14) NAME BEFORE MARRIAGE Willie May Fletcher  
(15) PRESENT POSTOFFICE OF MOTHER Early, S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Year)  
(18) BIRTHPLACE Pickens Co. S.C.  
(19) OCCUPATION mill hand  
(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. F. Wynn (24) State whether Physician or Midwife (25) Address of Physician or Midwife Early, S.C.

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

(27) Filed Oct 4, 1923 (28) H. F. Wynn, Registrar

If the child is born dead, then the father, householder, etc., should make this return. It should be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.