

(1) PLACE OF BIRTH

County of *Laramie*

Township of *Circle*

Sec. Town of.....

City of.....

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

CERTIFICATE OF BIRTH

STATE OF SOUTH DAKOTA

Bureau of Vital Statistics

State Board of Health

Registration District No. *2901*

Registered No. *88*

(For use of Local Registrar)

25188

(2) Full Name of Child

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

(a) SEX OF CHILD *Male* (b) Type or Name *Infant* (c) Number in order of birth *1* (d) Date of Birth *July 23* (e) Name of Mother *Effie Lee Spruie* (f) Name of Father *W. C. Garrett*

(g) Full Name of Child *W. C. Garrett* (h) Name before marriage *Effie Lee Spruie*

(i) Present Residence of Father *Gray Creek* (j) Present Residence of Mother *Gray Creek*

(k) COLOR OF SKIN *White* (l) AGE AT LAST BIRTHDAY *22* (m) COLOR OF SKIN *White* (n) AGE AT LAST BIRTHDAY *19*

(o) BIRTHPLACE *SC* (p) BIRTHPLACE *SC*

(q) OCCUPATION *Farmer* (r) OCCUPATION *Housewife*

(s) Number of children born to mother, including present birth *1* (t) 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 *born* on the date above stated.

(23) (Signature) *W. T. Spruie*

(24) State whether Physician or Midwife *Physician*

Given name added from a supplemental report

(25) Witness

(Signature of Witness, necessary only when question 25 is signed "Yes")

(26) Filed *Sept 8 23*

*When there was no attending physician or midwife, then the father, mother, or other person who first discovered the child, must report the birth to the local health officer before the birth month of registration.