

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 1a.—For State Registrar Only  
**33930**

Registration District No. **400F** Registered No. **278**  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Name of Child **Garson** (If child is not yet named, make supplemental report as directed)

Sex **M** (M) Male (F) Female  
Date of Birth **Oct 28 1923**  
(Name of Month) (Day) (Year)

**FATHER.**  
Name **Smith, Garson**  
Residence **Drayton Mill, S.C.**  
Age at last birthday **36**  
Place of birth **S.C.**

**MOTHER.**  
(1a) Name before marriage **Ethel Beldner**  
(1b) Present residence of mother **Drayton Mill S.C.**  
(1c) Color **White** (1d) Age at last birthday **38**  
(1e) Birthplace **S.C.**  
(1f) Occupation **Housewife**  
(1g) Number of children of this mother now living, including present birth **7**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
I hereby certify that I attended the birth of this child, who was born alive or stillborn (Mark) at **11 P.M.** on the date above stated.

(2b) (Signature) **Dr. R. R. Boyd**  
(2c) State whether Physician or Midwife **Physician**  
(2d) Address of Physician or Midwife **Charleston, S.C.**

(2e) Witness (Signature of Witness necessary only when question 2b is signed by mark)  
(2f) Filed **Oct. 12 1923** (2g) **Min. C. F. Parker** Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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