

Form No. 1

## (1) PLACE OF BIRTH

County of Williamsburg  
 Township of Johns  
 or  
 Inc. Town of .....  
 or  
 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 CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

12339

Registration District No. 4.304 Registered No. 2  
 (For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet <u>✓</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Jan 4 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Robert N. Garrison</u>			14) NAME BEFORE MARRIAGE <u>Lynn Taylor</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Hammerway Bc</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Hammerway</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>32</u>			17) AGE AT LAST BIRTHDAY <u>27</u>	
12) BIRTHPLACE <u>B.C.</u>			18) BIRTHPLACE <u>B.C.</u>	
13) OCCUPATION <u>farmer</u>			19) OCCUPATION <u>housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Garrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Hammerway Bc

(Given name added from a supplement-  
 al report)

(26) Witness

(Signature of Witness necessary only  
 when question 22 is signed by mark)

(27) Filed 12/28 1923

(28)

Local Registrar.

If 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.