

## (1) PLACE OF BIRTH

County of CherokeeTownship of Lawrence

Inc. 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 CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 10ARegistered No. 74  
(For use of Local Registrar)(2) Full Name of Child Hannie Garrison

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Birth <u>1</u> Is it recorded in event of Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>22</u>	(7) DATE OF BIRTH <u>June 24, 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Worth Garrison(9) PRESENT RESIDENCE OF FATHER Offy St. R.R.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Cherokee County, Ga.(13) OCCUPATION Drumming(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie L. L. L.(15) PRESENT RESIDENCE OF MOTHER Offy St. R.R.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Cherokee County, Ga.(19) OCCUPATION Domestic(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 (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. L. L. (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(26) W. H. L. L. (27) W. H. L. L.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.