

MARGIN RESERVED FOR BINDING.

WRITED PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1 THIS OTHER, No. 2, etc. In question 6

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward ....)  
 (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  
2937

Registration District No. 3A Registered No. 43  
 (For use of Local Registrar)

(2) Full Name of Child Thomas Edward Garrison If child is not yet named, make supplemental report as directed

1) ~~BOY OR~~ 2) Twin or Triplet? 3) Number in order of birth 4) Are Parents Married? yes 5) DATE OF BIRTH Jan. 13 1913  
 To be answered only in event of Twins or Triplets (Sign of Month) (Day) (Year)

FATHER.		MOTHER.	
6) FULL NAME <u>Tom Garrison</u>	14) NAME BEFORE MARRIAGE <u>Nettie M. P. Phail</u>	15) PRESENT POSTOFFICE OF FATHER <u>Denver, D. C.</u>	16) PRESENT POSTOFFICE OF MOTHER <u>Denver, D. C.</u>
7) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	18) COLOR OR RACE <u>white</u>	19) AGE AT LAST BIRTHDAY <u>28</u> (Years)
8) BIRTHPLACE <u>Anderson country</u>	20) OCCUPATION <u>Farmer</u>	21) BIRTHPLACE <u>Anderson country</u>	22) OCCUPATION <u>Domestic</u>
9) Number of children born to mother, including present birth: <u>3</u>	23) Number of children of this mother now living, including present birth: <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (24) I hereby certify that I attended the birth of this child, who was alive at 11:25 A. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(25) (Signature) J. S. Garrison  
 (26) State whether Physician or Midwife  
 (27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 19 is signed by mark)  
 (29) Filled 11:25 to 12 (30) L. B. Clayton Local Registrar

When 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.

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RECEIVED BY SOUTHERN S. S. S.