

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of West Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

16244

Registration District No. 3612 Registered No. 44
 (For use of Local Registrar)

(2) Full Name of Child

Julius Garin

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

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

3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Frank Garin
 9) PRESENT POSTOFFICE OF FATHER Bourman SC
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (Years)
 12) BIRTHPLACE Ok Co
 13) OCCUPATION Labourer
 20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Sadie Garin
 15) PRESENT POSTOFFICE OF MOTHER Bourman
 16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (Years)
 18) BIRTHPLACE Ok Co
 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 born at 4 a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula B. Bourman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bourman SC

Given name added from a supplemental report

(26) Witness W. B. C. C.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 5/23/22 (28) J. H. Stoddard
 Registrar 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.