

(1) PLACE OF BIRTH

County of Greenville
Township of Farmville

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

56059

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.)

(2) Full Name of Child Boy: Garrett If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 2 1916
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(7) FULL NAME Horner Garrett (14) NAME BEFORE MARRIAGE Mary Watson

(8) PRESENT POSTOFFICE OF FATHER Simpsonville (15) PRESENT POSTOFFICE OF MOTHER Simpsonville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 38
(Years) (Years)

(20) BIRTHPLACE S.C. (21) BIRTHPLACE S.C.

(22) OCCUPATION Farmer (23) OCCUPATION Housekeeping

(24) Number of children born to mother, including present birth { 8 (25) Number of children of this mother now living, including present birth { 8 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born at (Hour 11 P.M.)
on the date above stated. (Born, alive or stillborn)

(27) (Signature) L. P. Richardson, M.D.
(28) State whether Physician or Midwife (29) Address of Physician or Midwife
Physician Simpsonville S.C.

Given name added from a supplemental report
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Registrar

(30) Witness (Signature of Witness necessary only when question 26 is signed by mark)
(31) Filed May 10 1916 (32) T. B. Duckert
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.