

(1) PLACE OF BIRTH

County of Pickens  
Township of Neutral  
OR  
Inc. Town of Neutral  
OR  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**50215**

Registration District No. 3740 Registered No. 16  
(For use of Local Registrar)

(2) Full Name of Child Francis Albert Garrett St.: ..... Ward:  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 1 girl (4) Twin or Triplet? twins (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 1916  
To be numbered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. Fred Garrett  
(9) PRESENT POSTOFFICE OF FATHER Neutral S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Black General Merchandise  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Stella Cook  
(15) PRESENT POSTOFFICE OF MOTHER Neutral S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE N.C.  
(19) OCCUPATION Home  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:23 08 P.M. on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. S. Shelby M.D.  
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Neutral S.C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 11 1916 (28) J. R. Bearden 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.

\*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 INDEXING. WITH ENFADING INK—THIS IS A PERMANENT RECORD. USE 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. McCaw, of Columbia.