

(1) PLACE OF BIRTH

County of PickensTownship of NeutralInc. Town of Neutral

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 HealthFile No.—For State Registrar Only
50215Registration District No. 3740Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Francis Albert GarretSt. 16 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

To be numbered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 1

(Name of Month) (Day)

1916

(Year)

FATHER.

(8) FULL NAME

J. Fred Garret

(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

Click General Merchandise

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Stella M. Hook

(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 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. S. Sherry M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.Neutral S.C.

Given name added from a supplemental report

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.

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MARGIN RESERVED FOR INDEXING. WITH ENVELOPING INK—THIS IS A PERMANENT RECORD. 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, McCaw, of Columbia, S.C.