

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of Williamston

City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

5778

Registration District No. 3-CRegistered No. 35
(For use of Local Registrar)

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

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

(7) BOY OR GIRL	(4) Twin or Triplet To be entered only in event of Twin or Triplet	(8) Number in order of birth	(6) Age Present Married	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
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FATHER.

(9) FULL NAME

(10) PRESENT POSTOFFICE OF FATHER

(11) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

SEE AFFIDAVIT

Given name added from a supplemental report

M. B. WOODWARD, M.D.

J. R. N. 15, 1942

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4/12/43

(28) 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.