

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

Inc. Town of

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 Health

File No.—For State Registrar Only

45803

Registration District No. 1203 Registered No. 151
(For use of Local Registrar)

City of

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

(2) Full Name of Child Bula M. Garland { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 23, 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

(8) FULL NAME William M. Garland (14) NAME BEFORE MARRIAGE Emmie Sellers(9) PRESENT POSTOFFICE OF FATHER Charleston SC #3 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC #3(10) COLOR OR RACE Negro (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Charleston Co (18) BIRTHPLACE Charleston Co(13) OCCUPATION Farmer (19) OCCUPATION Work on farm(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eva M. Garland(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Patrick St

Given name added from a supplemental report

(26) Witness W. J. McBride
(Signature of Witness necessary only when question 23 is signed by midwife)(27) Filed July 3, 1916 (28) J. E. Mulloy
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.
N. B.—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.
Cav. of Columbia.