

## (1) PLACE OF BIRTH

County of York  
 Township of Sharon  
 or  
 Inc. Town of Sharon  
 or  
 City of Sharon

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

File No. — For State Registrar Only

2753

Registration District No. 4407 Registered No. 7  
 (For use of Local Registrar)

2) Full Name of Child Ruby May Jarvis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? L (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE BIRTH Jan 30 1913  
 (To be answered only in event of twins or triplets) (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William Carter Jarvis(9) PRESENT POSTOFFICE OF FATHER Sharon, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Ant. machine.(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Marie Jessie Graves(15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Charles P. Williams, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1 1913 (28) C. M. Williams (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.