

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of
or
City of (No. St.; Ward)
(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

54215

Registration District No. Registered No. 29
(For use of Local Registrar)

(2) Full Name of Child Arlette Airl Garvin + If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 29, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Tom Adrus Garvin
(9) PRESENT POSTOFFICE OF FATHER York RFD 3
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE York Co-SC.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Mamie Anderson
(15) PRESENT POSTOFFICE OF MOTHER York RFD 3
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE York Co-SC.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. McDowell
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife York SC.

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 March 31, 1916 (28) J. I. Barrow 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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FORM NO. 10, REVISED 1915. THIS IS A PREPARED FORM. IT IS NOT TO BE REWRITTEN. 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.