

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town ofor
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

54215

Registration District No. Registered No. 29
(For use of Local Registrar)City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Arleane Arie Garvin + If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 29, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom Addus 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 (25) Address of Physician or Midwife

M.D.York SC.

Given name added from a supplemental report

Registrar

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

(27) Filed March 31, 1916(28) J. D. McDowell 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. 1 (REVISED 1915) PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.