

IN 2--In case of TWINS OR TRIPLETS use a SEPARATE SLAB for EACH CHILD, and make the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of Palmyra
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Use
37445

Registration District No. 3800 Registered No. 156
(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 Everline Jarvis (If child is not yet named, make supplemental report as directed)

| | | | | |
|--------------------------------|--|------------------------------|---------------------------------------|--|
| (3) BOY OR GIRL <i>girl</i> | (4) Twin or Triplet To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married <i>Yes</i> | (7) DATE OF BIRTH <i>Nov 18, 23</i> (Name of Month) (Day) (Year) |
|--------------------------------|--|------------------------------|---------------------------------------|--|

FATHER

(9) FULL NAME David Garvin

(9) PRESENT POST OFFICE OF FATHER *College Place*

(16) COLOR ON FACE *Curl* (17) AGE AT LAST BIRTHDAY *33*

(12) **BIRTHPLACE** *17. 12. 1905*

(15) OCCUPATION Student

Alger

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

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Williams

(16) PRESENT POSTOFFICE OF MOTHER *College Park*

(16) COLOR OR RACE *Cool* (17) AGE AT LAST BIRTHDAY *27*

(16) ~~BIRTHPLACE~~ Reid, Pa

(16) OCCUPATION Richard's

Home work

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(28) I hereby certify that I attended the birth of this child, who was Adrian at 12 P.
on the date above stated. 1 M.

(26) (Signature) Sallic Boulisare

(34) State whether Physician or Midwife (35) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed Mar 19 1923 (28) 11a Indian
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.