

16 092850

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00222

1. PLACE OF BIRTH

County of AikenTownship of Aiken

or

Inc. Town of

City of

Registration District No. 200

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. R.F. 196, Aiken S.C. St.;2. FULL NAME OF CHILD Wesley Marion Garvin

Ward)

If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	11 Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 16</u> , 19 <u>16</u> (Month, day, year)
9. Full name <u>Batton William Garvin</u>		5. Number, in order of birth.....		Full term <input checked="" type="checkbox"/>	
10. Residence (mailing address) (if non-resident, give place and State) <u>R.F. 196 Aiken S.C.</u>			18. Name before marriage <u>Bessie Woodward</u>		
11. Color or race <u>Wh</u>			19. Residence (mailing address) (if non-resident, give place and State) <u>R.F. 196 Aiken S.C.</u>		
12. Age at child's birth <u>40</u> (years)			20. Color or race <u>White</u>		
13. Birthplace (city or place) (State or country) <u>Aiken Co., S.C.</u>			21. Age at child's birth <u>27</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			22. Birthplace (city or place) (State or country) <u>Aiken Co., S.C.</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
17. Total time (years) spent in this work			25. Date (month and year) last engaged in this work		
26. Total time (years) spent in this work			27. Number of children of this mother (At time of birth and including this child) <u>4</u>		
28. If stillborn, period of gestation..... months weeks			29. Cause of stillbirth.....		
30. (a) Born alive and now living <u>4</u>			(b) Born alive but now dead <u>0</u>		
31. (c) Stillborn <u>0</u>			Before labor.....		
			During labor.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 5:00 P.m. on the date above stated.
(Born alive or stillborn)(Signed) Bessie Garvin, Parentor mother, ~~Guardian~~Address Aiken S.C.Filed Jan. 16, 1916 M.B. Woodward, M.D.
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report.....
(Date of)

Registrar.

1/8/42 MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)