

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.)

1. PLACE OF BIRTH County of <u>Aiken</u> Township of <u>Aiken</u> or Inc. Town of _____ or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Registration District No. <u>200</u>		16 092850 FILE No.—For State Registrar Only 00222	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Registered No. _____ (For use of Local Registrar)		Ward _____	
2. FULL NAME OF CHILD <u>Wesley Marion Garvin</u>					
3. Boy or Girl <u>Boy</u>	11. Plural births _____	4. Twin, triplet or other _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 16, 1916</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Barton William Garvin</u>			18. Name before marriage <u>MOTHER</u> <u>Bessie Woodward</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>R.F.D. 6 Aiken SC</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>R.F.D. 6 Aiken S.C.</u>		
11. Color or race <u>Wh</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)		22. Birthplace (city or place) (State or country) <u>Aiken Co., SC</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		17. 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 _____		(b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify to the birth of this child, who was <u>born alive</u> at <u>5:00 P.m.</u> on the date above stated. (Born alive or stillborn)					
(Signed) <u>Bessie Garvin</u> , Parent or <u>mother</u> , Guardian					
Address <u>Aiken S.C.</u>					
Filed <u>Jan. 16, 1942</u> M.B. Woodward, M.D. Registrar.					