

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Red Oak  
 or  
 Inc. Town of Shelley  
 or  
 City of Shelley

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Thos. Garvin

File No.—For State Registrar Only

3176

Registration District No. 20.9Registered No. 7  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(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

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 27 1922  
(Name of Month) (Day) (Year)

## FATHER:

(8) FULL NAME

James Henry Garvin

(9) PRESENT POSTOFFICE OF FATHER

Barnwell

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE

Barnwell

(13) OCCUPATION

Farmer

## MOTHER:

(14) NAME BEFORE MARRIAGE

Cecelia W. Wynn

(15) PRESENT POSTOFFICE OF MOTHER

Barnwell

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE

Barnwell

(19) OCCUPATION

Farmer

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Bella Lee Ray

(24) State whether Physician or Midwife

Midwife

Given name added from supplemental report

(25) Witness

W. B. Parker  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Mar 2 1922(26) W. B. Parker

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.