

Form No. 3

## (1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

0564

Registration District No. 4408 Registered No. 34  
 (For use of Local Registrar)

(2) Full Name of Child Shunice Garvin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2, 1922  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isreal Garvin  
 (9) PRESENT POSTOFFICE OF FATHER York R. F. D.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38 (Years)  
 (12) BIRTHPLACE York Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Garvin  
 (15) PRESENT POSTOFFICE OF MOTHER York R. F. D.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE York Co.  
 (19) OCCUPATION Laborer  
 (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 born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Marie Paul  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife York R. F. D.

Given name added from a supplemental report

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

(27) Filed March 5, 1922 (28) John Paul 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.

NOTE: This is a permanent record. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Reform of Columbia, Columbia, S. C.