

## (1) PLACE OF BIRTH

County of Greenville, S.C.

Township of .....

Inc. Town of .....

City of .....

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

(2) Full Name of Child Corey E. Garvin Not given

|                     |  |                                 |                      |                                 |
|---------------------|--|---------------------------------|----------------------|---------------------------------|
| (a) SEX OR<br>CHILD | (b) Type<br>or Tumor                         | (c) Number in<br>order of birth | (d) Sex<br>of mother | (e) DATE OF<br>BIRTH            |
| Boy                 | To be covered only in case of Tumor or Tumor |                                 | Yes                  | 9/16/23<br>(Month) (Day) (Year) |

| FATHER.   |                         | MOTHER.  |                          |
|---|-------------------------|--|--------------------------|
| (1) FULL<br>NAME  | <u>L. E. Garvin</u>     | (1) NAME BEFORE<br>MARRIAGE  | <u>Florence Melendon</u> |
| (2) PRESENT<br>POSTOFFICE<br>OF FATHER                            | <u>Greenville, S.C.</u> | (2) PRESENT<br>POSTOFFICE<br>OF MOTHER                                       | <u>Greenville, S.C.</u>  |
| (3) COLOR<br>OR<br>RACE   | <u>W</u>                | (3) COLOR<br>OR<br>RACE  | <u>W</u>                 |
| (4) BIRTHPLACE  | <u>Wagner, S.C.</u>     | (4) BIRTHPLACE   | <u>Carrelton, Ga.</u>    |
| (5) OCCUPATION  | <u>Mechanic</u>         | (5) OCCUPATION   | <u>Housewife</u>         |
| (6) Number of children born to<br>father, including present birth | <u>1</u>                | (6) Number of children of this mother<br>now living, including present birth | <u>1</u>                 |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was.... Alive..... at 12:55 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Alvin S. Cook  
(22) State whether Physician or Midwife (23) Address of Physician or MidwifeGiven name added from a supplement-  
tal report

(24) Witness .....

(25) Signed Oct 4 1923 (26) C. E. Smith 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.... be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.