CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 90374

(1) PLACE OF BIRTH

County of Horry

Township of Green Sea
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 2106 Registered No. 95
(For use of Local Registrar)

(2) Full Name of Child Johnnie Earl Jarvis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	yes	Dec 19, 1916

FATHER.		MOTHER.	
(8) FULL NAME	John Jarvis	(14) NAME BEFORE MARRIAGE	Dollie Bryant
(9) PRESENT POSTOFFICE OF FATHER	Tabor N C	(15) PRESENT POSTOFFICE OF MOTHER	Tabor N C
(10) COLOR OR RACE	white	(16) COLOR OR RACE	white
(11) AGE AT LAST BIRTHDAY (Years)	34	(17) AGE AT LAST BIRTHDAY (Years)	32
(12) BIRTHPLACE	Horry Co S C	(18) BIRTHPLACE	Horry Co S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	Five	(21) Number of children of this mother now living, including present birth	Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mina Mae Hodge

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Loris S C

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness J. A. Bryant
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 19 1916 (28) S. D. Bryant
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAW OF COLUMBIA, COLUMBIA, S. C.