

## (1) PLACE OF BIRTH

County of Marion  
 Township of Powell  
 or  
 Inc. Town of.....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**31255**

Registration District No. 3206

Registered No. 31  
 (For use of Local Registrar)

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

(2) Full Name of Child William Davis

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin Twin 5) Number in order of birth 2 6) Are Parents Married Yes 7) DATE OF BIRTH Sept 7 1922  
 To be answered only in event of Twins or Triplets

## FATHER

8) FULL NAME William Davis  
 9) PRESENT POSTOFFICE OF FATHER Gresham D.C.  
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 44  
 12) BIRTHPLACE Marion Co. D.C.  
 13) OCCUPATION Farmer

## MOTHER

14) NAME BEFORE MARRIAGE Doretta Rogers  
 15) PRESENT POSTOFFICE OF MOTHER Gresham D.C.  
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 26  
 18) BIRTHPLACE Marion Co. D.C.  
 19) OCCUPATION Housewife  
 20) Number of children born to mother, including present birth 5  
 21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colored on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 5:15

(23) (Signature) Liza Davis  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gresham D.C.

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) J. M. Beatorist 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.