

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64733

(1) PLACE OF BIRTH

County of Hampleton

Township of Lanham

or
Inc. Town of

Registration District No. 2401

Registered No. 56

City of (No. St.; Ward)
(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? girl (4) Twin or Triplet? (5) Number in order of birth five (6) Are Parents Married? yes (7) DATE OF BIRTH June 5 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joe Davis

(14) NAME BEFORE MARRIAGE Clarissa Drayton

(9) PRESENT POSTOFFICE OF FATHER Garnett, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Garnett S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Hampleton Co

(18) BIRTHPLACE Hampleton Co.

(13) OCCUPATION Farm handy

(19) OCCUPATION Farm work

(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 born alive at 9:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clarissa Drayton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Garnett, S.C.

Given name added from a supplemental report

(26) Witness Stephen Drayton

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

(27) Filed 6/30 1916 (28) W. J. Ellis 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.