

(1) PLACE OF BIRTH

County of Lancaster
 Township of Buford
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35112

Registration District No. 2800 Registered No. 70
 (For use of Local Registrar)

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 Buddy Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL male (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 24, 1922
 To be answered only in event of Twin or Triplet (Name, Month, Day, Year)

FATHER		MOTHER	
(8) FULL NAME <u>Otis Davis</u>	(14) NAME BEFORE MARRIAGE <u>Amelia Thompson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Tradesville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Tradesville</u>
(10) COLOR OR RACE <u>Colord</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Colord</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Lancaster S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Normal at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Crowder
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Redacted]

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Date Oct 16, 1922 (28) A. M. Hinson 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.

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS CLERK. IT IS NOT TO BE FILLED OUT BY THE FATHER OR MOTHER. IF THE FATHER OR MOTHER WISHES TO SIGN THE CERTIFICATE, THEY MAY DO SO, BUT THE REGISTRAR MUST SIGN IT FIRST. IF THE REGISTRAR IS NOT AVAILABLE, THE CLERK MAY SIGN IT. IF THE REGISTRAR OR CLERK IS NOT AVAILABLE, THE FATHER OR MOTHER MAY SIGN IT, BUT THE REGISTRAR MUST SIGN IT FIRST. IF THE REGISTRAR OR CLERK IS NOT AVAILABLE, THE FATHER OR MOTHER MAY SIGN IT, BUT THE REGISTRAR MUST SIGN IT FIRST.