

Form No. 3

(1) PLACE OF BIRTH

County of Darlington
 Township of Lanier
 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

41991

Registration District No. 1304 Registered No. 122
 (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 Bessie Aaron Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH
74 Dec 9, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Hobby Davis</u>	(14) NAME BEFORE MARRIAGE	<u>Bessie Aaron</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Lanier</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lanier</u>
(10) COLOR OR RACE	<u>col</u>	(16) COLOR OR RACE	<u>col</u>
(11) AGE AT LAST BIRTHDAY	<u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>22</u> (Years)
(12) BIRTHPLACE	<u>SC</u>	(18) BIRTHPLACE	<u>SC</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>3</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 alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Mashack
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 27, 1924 (28) R. J. Stephens Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired at all before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FORM FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

MECHANICAL COLUMBIA, COLUMBIA, S. C.