

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Lawrence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 11.-For this Register only
 22061

Registration District No. 3600

Registered No. 34
 (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 Jessie Phyllis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Type of Twin To be completed only in case of Twin or Triplets	(5) Number in order of birth	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>July 23 1923</u>
(8) FULL NAME <u>Samuel Phyllis</u>			(9) NAME BEFORE MARRIAGE <u>Daisy Davis</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Lawrence S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Lawrence S.C.</u>	
(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>29</u>	(14) COLOR OR RACE <u>Black</u>		
(15) BIRTHPLACE <u>S.C.</u>	(16) BIRTHPLACE <u>S.C.</u>			
(17) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Domestic</u>			
(19) Number of children born to mother, including present birth <u>4</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at birth.
 on the date above stated. (Be signed by midwife)

(22) (Signature) M. S. J. Mark

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Lawrence S.C.

Given name added from a supplemental report

(25) Witness

(Signature of witness necessary only when question 25 is signed by mark)

(26) Filed July 26 1923

(27) 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.