

(1) PLACE OF BIRTH

County of Darlington  
Township of Society Hill  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
29904

Registration District No. 1510 Registered No. 66  
(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 Jess Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 18 22  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Davis

(14) NAME BEFORE MARRIAGE Elna Davis

(9) PRESENT POSTOFFICE OF FATHER Society Hill

(15) PRESENT POSTOFFICE OF MOTHER Society Hill

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

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
(Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Moore

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill

Given name added from a supplemental report

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

(27) File Sept 16 22 (28) Embryon Jayne 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.

SPRINGFIELD, N.Y. 5. 7188. 07-1918. No. 2. 1919. In Question 8. Columbia, S.C.