

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Thurston
 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

5349

Registration District No. 3616 Registered No. 6
 (For use of Local Registrar)

(2) Full Name of Child Burtless Davis (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 29, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Danl. Baker
 (9) PRESENT POSTOFFICE OF FATHER Cope SC R7D
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32
 (Year)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Daisy Davis
 (15) PRESENT POSTOFFICE OF MOTHER Cope SC R7D
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
 (Year)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Four A. M. or P. M.)

(23) (Signature) Eloise Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cope SC R7D

Given name added from a supplemental report

(26) Witness R. K. Hensley

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

(27) Filed Feb 11, 1922(19) 1922(28) R. K. Hensley 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.