

(1) **PLACE OF BIRTH**

County of Laurens
 Township of Waterloo
 OF
 Inc. Town of
 OF
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. -- For State Registrar Only

14810

Registration District No. 2907Registered No. 29
(For use of Local Registrar)(2) **Full Name of Child**Davenport

If child is not yet named, make supplemental report as directed

(3) **BOY OR GIRL** Girl (4) **Twins or Triplets** ✓ (5) **Number in order of birth** 1 (6) **Are Parents Married** Yes (7) **DATE OF BIRTH** Jan 3 - 1923
 To be answered only in event of Twins or Triplets
 (Time of Month) (Day) (Year)

FATHER.

(8) **FULL NAME** J. K. Davenport
 (9) **PRESENT POSTOFFICE OF FATHER** Waterloo R. 1
 (10) **COLOR OR RACE** white (11) **AGE AT LAST BIRTHDAY** 31
 (12) **BIRTHPLACE** Laurens S.
 (13) **OCCUPATION** Farmer

MOTHER.

(14) **NAME BEFORE MARRIAGE** Matthi Kernell
 (15) **PRESENT POSTOFFICE OF MOTHER** Waterloo R. 1
 (16) **COLOR OR RACE** white (17) **AGE AT LAST BIRTHDAY** 31
 (18) **BIRTHPLACE** Laurens S.
 (19) **OCCUPATION** Domestic
 (20) **Number of children born to mother, including present birth** 6
 (21) **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bealer
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens

(26) Deferred
 (City name added from a supplemental report)

Witness J. K. Davenport
 Signature of Witness necessary only when question 23 is signed by mark

(27) Filed June 10 1923 (28) F. B. Baird
 Registrar 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.

B-1-In case of TWINS OR TRIPLETS, FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8, C. BUREAU OF COLUMBIA, COLUMBIA, S. C.

*Local Registrar