

(1) PLACE OF BIRTH

County of Laurens
Township of Dials

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

43260

Registration District No. 2901 Registered No. 120
(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 James Arthur Davenport 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 Nov. 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brook Davenport(9) PRESENT POSTOFFICE OF FATHER Barksdale S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE J.C.(13) OCCUPATION House work farm(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Cleveland(15) PRESENT POSTOFFICE OF MOTHER Barksdale S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE J.C.(19) OCCUPATION house work(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:am M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Laurens S.C. Rt. 5

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

Given name added from a supplemental report

191

Registrar

(26) Witness Hattie Cleveland

(Signature of Witness necessary only when question 22 is signed by Mark)

(27) W. C. Graham 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.

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