

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

17285

County of *Cherokee*Township of *Cherokee's Mill*

OF

Inc. Town of

OF

City of

Registration District No. *13/4*Registered No. *17*
(For use of Local Registrar.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Harry Edward Davis*

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 14 1923*
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME *Sam Davis*
(9) PRESENT POSTOFFICE OF FATHER *Alcocks S.C.*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *49*
(Years)
(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Lena Morris*
(15) PRESENT POSTOFFICE OF MOTHER *Alcocks S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *36*
(Years)
(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm hand*(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* *9 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness *Sam Davis*

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

(27) Filed *June 25 1923* *P. C. Thompson*
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.