

MARGIN RESERVED FOR INDEXING.

WHICH DEALING WITH UNBORN INFANTS—THIS IS A DEPARTMENT RECORD, AND MARK THE  
N. B.—In case of TWINEBORN CHILDREN use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the  
PILITATION, No. 1, TWIN CHILD, No. 2, etc., in question 6.

(1) PLACE OF BIRTH County of <u>Williamson</u> Township of <u>Williamson</u> OR Inc. Town of <u>Bellevue S.C.</u> City of <u>Bellevue S.C.</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>192</b>
(2) Full Name of Child <u>Boris</u>		Registration District No. <u>38</u> Registered No. <u>16</u> (For use of Local Registrar)		(If child is not yet named, make supplemental report as directed)
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Jefferson Davis</u> (9) PRESENT POSTOFFICE OF FATHER <u>Bellevue S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>41</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>7</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Eula Cappee</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Bellevue S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>26</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>7</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b> (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>W. T. Mendenhall</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Bellevue S.C.</u> Given name added from a supplemental report _____ (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____ (27) Filed <u>Feb 9, 1922</u> (28) <u>W. T. Mendenhall</u> 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.				

MADE AT COLUMBIA, GEORGIA, U. S. C.