

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCaw of Columbia.

(1) PLACE OF BIRTH
 County of York
 Township of York
 or
 Inc. Town of Windsor
 or
 City of _____ (No. _____)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
43028

Registration District No. 2-9 Registered No. 07
 (For use of Local Registrar)
 St. _____ Ward _____

(2) Full Name of Child Jack Davis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>None</u> <small>to be answered only in case of Twin or Triplet</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1911</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Ed Davis</u> (9) PRESENT POSTOFFICE OF FATHER <u>York</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (12) BIRTHPLACE <u>Pa</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>2</u>		MOTHER. (14) NAME BEFORE MARRIAGE <u>Starris Carson</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Yorkville S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (18) BIRTHPLACE <u>Pa</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Mason
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Yorkville S.C.

Given name added from a supplemental report
 _____ 191____

 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Jan _____ 191____ (28) Carl Mason _____ 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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