

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.

McGraw-Hill, Inc., New York, N. Y.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Yamhill</u>		STATE OF SOUTH CAROLINA.		43028	
Township of <u>Yamhill</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Wando</u>		Registration District No. <u>2-1</u>	Registered No. <u>0 07</u>	(For use of Local Registrar)	
or					
City of <u>Wando</u>		(No. <u>2-1</u>)	St. <u>Ward</u>		
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Jack Davis</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Yes</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16 1911</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Ed Davis</u>	(14) NAME BEFORE MARRIAGE <u>Davis</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Yamhill S.C.</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Yamhill</u>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>23</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>		(18) BIRTHPLACE <u>W.C.</u>		
(12) BIRTHPLACE <u>W.C.</u>	(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</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 <u>born</u> at <u>5</u> <u>P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. H. Harrison</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Yamhill S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191...		(27) <u>Jan</u> 191... (28) <u>Local Registrar</u>			
*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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