

FORM NO. 8  
 M.C.P.—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 2.  
 M.C.P. of Columbia

(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  
**48026**

County of Andrus and Hopewell  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 308 Registered No. 5  
 or  
 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 ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	<small>To be answered only in event of Twins or Triplets</small>			<u>March</u> , 191 <u>1</u> <small>(Name of Month) (Day) (Year)</small>

**FATHER.**

(8) FULL NAME George Seymour Davis

(9) PRESENT POSTOFFICE OF FATHER +

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Sumville Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lillie Woodrow

(15) PRESENT POSTOFFICE OF MOTHER X

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Sumville Co.

(19) OCCUPATION Domestic

(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 at 10:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) E. C. Leffew  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Ann's on St.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed March 6, 1911 (28) T. M. Vandiver  
 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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