

(1) PLACE OF BIRTH

County of Hampton
 Township of Plepler
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42921

Registration District No. 4400Registered No. 174
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 23 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wilson Davis
 (9) PRESENT POSTOFFICE OF FATHER Hampton
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE H. Co.
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Reid
 (15) PRESENT POSTOFFICE OF MOTHER Hampton
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE H. Co.
 (19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1(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 alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

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

Given name added from a supplemental report

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

(27) Filed Dec 23 1922 (28) J. W. Rogers 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.