

1) PLACE OF BIRTH

County of Oconee
 Township of Truett
 or
 Inc. Town of
 or
 City of

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

22023

Registration District No. 3575 Registered No. 102
 (For use of Local Registrar)
 (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

(a) SEX OF CHILD <u>Boy</u>	(d) Twin or Triplet To be answered only in case of Twin or Triplet	(b) Number in order of birth	(e) Are Parents Married <u>Yes</u>	(f) DATE OF BIRTH Jul 11 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>James T. Davis</u>			(14) NAME BEFORE MARRIAGE <u>Lilly Beach</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Madison S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Madison</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>38</u> (Year)	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)			(16) BIRTHPLACE <u>Oconee Co.</u>	
(12) BIRTHPLACE <u>Oconee Co.</u>			(18) OCCUPATION <u>Housewife</u>	
(13) OCCUPATION <u>Farming</u>			(19) Number of children of this mother now living, including present birth <u>Nine</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 2 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (21) (Signature) Elyse Cooper Madison S.C.
 (22) State whether Physician or Midwife

Given name added from a supplemental report

(23) Witness James B. Davis
 (Signature of witness necessary only when question 22 is signed by mark)
 (24) Filed May 15 1923 (25) H. G. Shuler 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.