

(1) PLACE OF BIRTH

County of Georgetown
 Township of Calhoun #6
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4245

Registration District No. 2105 Registered No. 26
 (For use of Local Registrar)

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 James Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edridge Davis

(9) PRESENT POSTOFFICE OF FATHER Hemingway

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

(12) BIRTHPLACE Georgetown Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Gray

(15) PRESENT POSTOFFICE OF MOTHER Hemingway

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE Georgetown Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. St. Vaneley
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Med. Soc. Hemingway

Given name added from a supplemental report:

(26) Witness W. R. Cribb
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 7, 1922 (28) J. M. Cracker
 Registrar 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.

STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

RECEIVED OF COLUMBIA, S. C.