

(1) PLACE OF BIRTH

County of Newberry
 Township of Newberry
 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

27287

Registration District No. 340X Registered No. 52
 (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 Mayer Davis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 23 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Davis
 (9) PRESENT POSTOFFICE OF FATHER Newberry R.F.D.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Davis
 (15) PRESENT POSTOFFICE OF MOTHER Newberry R.F.D.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(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) Vernie Ruff
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Newberry S.C. R.F.D.

Given name added from a supplemental report

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

(27) Filed Aug 16 1932 (28) R. J. Johnson
 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.