

WHITE 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.

<p><b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health</p>				<p>File No.—For State Registrar Only <b>42216</b></p>	
<p>(1) PLACE OF BIRTH County of <u>Edgely</u> Township of <u>Wheeler</u> or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>					
<p>Registration District No. <u>180</u></p>				<p>Registered No. <u>42</u> (For use of Local Registrar)</p>	
<p>(2) Full Name of Child <u>Philip Mutchie Davis</u> { If child is not yet named, make supplemental report as directed</p>					
<p>(3) BOY OR GIRL? <u>Boy</u></p>		<p>(4) Twin or Triplet? <u>1</u> <small>To be answered only in case of Twins or Triplets</small></p>		<p>(5) Number in order of birth <u>81</u></p>	
<p>(6) Are Parents Married? <u>Yes</u></p>		<p>(7) DATE OF BIRTH <u>12/8/23</u> (Name of Month) (Day) (Year)</p>			
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Christina Davis</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>William Mutchie</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Johnston Rd</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Johnston Rd</u></p>		
<p>(10) COLOR OR RACE <u>Wen</u></p>			<p>(16) COLOR OR RACE <u>Wen</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)</p>		
<p>(12) BIRTHPLACE <u>Edgely</u></p>			<p>(18) BIRTHPLACE <u>Edgely</u></p>		
<p>(13) OCCUPATION <u>Wm Mutchie &amp; Son</u></p>			<p>(19) OCCUPATION <u>Hardware &amp; Iron Shop</u></p>		
<p>(20) Number of children born to mother, including present birth <u>8</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>6</u></p>		
<p><b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b></p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>12</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>Edgely</u></p>					
<p>(24) State whether Physician or Midwife <u>Edgely</u></p>					
<p>Given name added from a supplemental report</p>			<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>		
<p>191...</p>			<p>(27) Filed <u>1/8/23</u> (28) <u>Edgely</u> Local Registrar.</p>		
<p>Registrar</p>					

\*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.