

WRITE PLAINLY. WITH FADING 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 3.

(1) PLACE OF BIRTH

County of Abbeville  
 Township of Long Cane  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. 8974 For State Registrar Only

Registration District No. 107 Registered No. 19  
 (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 .....

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 24, 1923</u> (Name) (Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Mr. L. L. Davis</u>			(14) NAME BEFORE MARRIAGE <u>Julia Ashley</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Badgers S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Badgers S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Badgers S.C.</u>			(18) BIRTHPLACE <u>Anderson Co. S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>Four</u>			21. Number of children of this mother now living, including present birth <u>Four</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 4.00 M., on the date above stated.  
 (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) Y. M. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Badgers S.C.

Given name added from a supplemental report .....

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

(27) Filed May 7, 1923 (28) E. R. Miller 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.

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