

WRITE 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.

Form No. 1

(1) PLACE OF BIRTH

County of Newberry  
 Township of H. G.  
 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

43854

Registration District No. 341.0 Registered No. 123  
 (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 Mildred Elizabeth Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH... <u>Dec 9, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Cecil Davis

(9) PRESENT POSTOFFICE OF FATHER Prespouty Se

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY... 20 (Years)

(12) BIRTHPLACE Newberry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Bater

(15) PRESENT POSTOFFICE OF MOTHER Prespouty Se

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY... 18 (Years)

(18) BIRTHPLACE Newberry Co

(19) OCCUPATION Housewife

(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 5:50 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Biles  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

7/16/43  
L. A. R.  
 Registrar

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

(27) Filed Dec 14, 1922 (28) W. T. Gibson 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.

MICHIGAN OF COLUMBIA, COLUMBIA, S. C.