

(1) PLACE OF BIRTH *Sumter*  
County of *Florence*  
Township of *Cairo*

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

File No. — For State Registrar  
25551

Inc. Town of ..... or  
City of *Sumter* (No. ....) (For use of Local Registrar)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child *Wilson Davis* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *4 + 1922*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Wilson Davis*  
(9) PRESENT POSTOFFICE OF FATHER *Sumter S.C.*  
(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *38* (Years)  
(12) BIRTHPLACE *Sumter S.C.*  
(13) OCCUPATION *Farmer*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Rens Guiles*  
(15) PRESENT POSTOFFICE OF MOTHER *Sumter S.C.*  
(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *34* (Years)  
(18) BIRTHPLACE *Sumter S.C.*  
(19) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *nine* } (21) Number of children of this mother now living, including present birth { *nine* }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was *born alive* at *4 + 3 - a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Julia H. Hyman*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Sumter, S.C.*

Given name added from a supplemental report

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

(27) Filed *Aug 15 1922* (28) *W. H. Belton* 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 28th month of pregnancy.

before the fifth month of pregnancy.