

(1) PLACE OF BIRTH

County of WilliamsTownship of Anderson

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79623

Registration District No. 4300Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child Wm. E. Davis

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W J Davis

(9) PRESENT POSTOFFICE OF FATHER

Trid

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

(Years)

31

(12) BIRTHPLACE

Id

(13) OCCUPATION

House

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Siggy Crooks

(15) PRESENT POSTOFFICE OF MOTHER

Trid 8c

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

(Years)

25

(18) BIRTHPLACE

Id

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

GeneralMon

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Trid 8c

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 7.14

1914

(28)

G.W. Campbell

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.