(1) PLACE OF BIRTH

County of Fell Co

Township of Jimsa

or

Inc. Town of .....

or

City of Bishopville

(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. — To State Registrar Only
41438

Registration District No. 3004 Registered No. 6681
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Hilary Davis

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet — To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are twins identical

(7) DATE OF BIRTH Dec 11 1923 (Month) (Day) (Year)

FATHER

(8) FULL NAME Edward Davis

(9) PRESENT POSTOFFICE OF FATHER Bishopville

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Lab work

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

MOTHER

(14) NAME BEFORE MARRIAGE Paul Baman

(15) PRESENT POSTOFFICE OF MOTHER Bishopville

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Lab work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Daniel Bamman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by midwife)

(27) Filed ..... 1923. (28) Estelle Sullivan
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.

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.