

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centerville

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

3056

Registration District No. 2.2.8Registered No. 23
(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 Jenna Davis

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

(a) BOY OR GIRL <u>Girl</u>	(b) Type of Vaginal <u>To be inserted in case of Twin or Triple</u>	(c) Number in order of birth	(d) Sex of Child <u>yes</u>	(e) DATE OF BIRTH <u>Feb 25 23</u> (Name of Month) (Day) (Year)
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FATHER.

(a) FULL NAME Jimmie Davis(b) PRESENT POSTOFFICE OF FATHER Cross St.(c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 46 (Year)(e) BIRTHPLACE Richland County(f) OCCUPATION Farming(g) Number of children born to mother, including present birth 6

MOTHER.

(a) NAME BEFORE MARRIAGE Jenna Davis(b) PRESENT POSTOFFICE OF MOTHER Cross St.(c) COLOR OR RACE Negro (d) AGE AT LAST BIRTHDAY 36 (Year)(e) BIRTHPLACE Richland County(f) OCCUPATION Housewife(g) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jimmie Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cross St.

(Given name added from a supplemental report)

(26) Witness Jimmie Davis
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 28 23 (28) Richland
Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of child before the fifth month of pregnancy.

MAKING SUPPLEMENTAL REPORTS FOR BIRTHS. WHEN PLACED, WITHIN 10 DAYS AFTER BIRTH, IN A SUPPLEMENTAL REPORT. IF IN CASE OF TWIN OR TRIPLETS, USE SEPARATE BLANK PAGE COPIES, AND MARK AS FIRST-BORN, No. 1, AND OTHER, No. 2, etc., IN QUESTION 2.