

## (1) PLACE OF BIRTH

County of *Curry*Township of *Ward*or  
Inc. Town of

or

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

Registration District No. *3. A. 9.* Registered No. *8*

(For use of Local Registrar)

St. *Ward*(2) Full Name of Child *Frederick Franklin Davis* If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

*To be answered only in event of Twins or Triplets*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 15 1911*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Frederick Davis*(9) PRESENT POSTOFFICE OF FATHER *Beckton #1 S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *30* (Years)(12) BIRTHPLACE *W.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1...2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Wine Page*(15) PRESENT POSTOFFICE OF MOTHER *Beckton #1 S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)(18) BIRTHPLACE *W.C.*(19) OCCUPATION *Domestic*(20) Number of children of this mother now living, including present birth *1...2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *Beckton #1 S.C.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Frederick Davis*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Beckton S.C. Res.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *10*(28) *1. F. K. H. L. S. C.*

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.

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