

MARGIN RESERVED FOR INDEXING.
 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 OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Richland
 Township of Polk
 Inc. Town of.....
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 Registration District No. 3800 Registered No. 182
 (For use of Local Registrar)

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

No. 1a.—For State Registrar Only
37440

(2) Full Name of Child James L. Davis
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wan Davis</u>			(14) NAME BEFORE MARRIAGE <u>Miss Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia R³</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia R³</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>Belhuc</u>			(18) BIRTHPLACE <u>Blaney</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1 boy</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mattie Stevens
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Columbia R³

Given name added from a supplemental report
James L. Davis
124

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 4, 1923 (28) W. M. Lean
 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.