

Form No. 1

(1) PLACE OF BIRTH

County of Self
 Township of Bishopville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35299

Registration District No. 3,000 Registered No. 49
 (For use of Local Registrar)

City of (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 Elizabeth 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 23, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Jonathan Davis
 (9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Lucknow S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Lucile Kelley
 (15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Lucknow S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. W. Harris
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

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

(27) Filed Oct 22, 1922 (28) Mrs. J. J. Loney
 Registrar 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.

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 5.
 BUREAU OF COLUMBIA, COLUMBIA, S. C.