

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st St Stephens
 or
 Inc. Town of St Stephens
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88578

Registration District No. 255Registered No. 80
(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 Rachel Davis

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? - (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 24 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Olive Davis
 (9) PRESENT POSTOFFICE OF FATHER St Stephens
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE St Stephens
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Davis
 (15) PRESENT POSTOFFICE OF MOTHER St Stephens
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE St Stephens S.C.
 (19) OCCUPATION House wife
 (20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Nov 24 at 6:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Floyd (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St Stephens, S.C.

Given name added from a supplemental report

(26) Witness R. M. Boykin
 (Signature of Witness necessary only when question 23 is signed by mark)

19 _____
 Registrar

(27) Filed Dec 5 1916 (28) R. M. Boykin
 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.