

(1) PLACE OF BIRTH
County of Cherokee

Township of

Inc. Town of Gaffney, S.C.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ray Henry Davis

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 4 1927
(Name of Month) (Day) (Year)

(8) FULL NAME Ray Davis

(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.

(10) COLOR OF RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE Cleveland, N.C.

(13) OCCUPATION Contractor

(20) Number of children born to mother, including present birth 5

(14) NAME BEFORE MARRIAGE Letty Owen

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:40 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Ray Henry Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney, 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 Jan 10 1927 (28) W. F. Smith Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once it must be reported as stillborn. No report is desired of stillbirths occurring within the fifth month of pregnancy.