

## (1) PLACE OF BIRTH

County of

Township of

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

File No.—For State Registrar Only

47474

Registration District No.

Registered No.

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

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

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Davis

(9) PRESENT POSTOFFICE OF FATHER

Whitney S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Anderson Co S.C.

(13) OCCUPATION

Day Laborer

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

{ 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Whitney S.C.

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Washington Co Ga

(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 alive at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Whitney S.C.

Given name added from a supplemental report

June 29 1916  
K. W. Miller  
Reg. State Registrar

(26) Witness

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

(27) Filed

June 20 1916

(28)

C. T. Wasker

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.