

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.

(1) PLACE OF BIRTH

County of Greenville  
 Township of 11-10  
 or  
 Inc. Town of Greenville  
 or  
 City of Greenville

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

File No.—For State Registrar Only  
**18854**

Registration District No. 220.9.10 Registered No. 206  
 (For use of Local Registrar)

(No. RR # 7 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 Malcolm Edgar Davis Child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 12, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. 8) FULL NAME George Halland Davis 14) NAME BEFORE MARRIAGE Julie Cobb

9) PRESENT POSTOFFICE OF FATHER RR # 7 15) PRESENT POSTOFFICE OF MOTHER Same

10) COLOR OR RACE N 11) AGE AT LAST BIRTHDAY 39 16) COLOR OR RACE N 17) AGE AT LAST BIRTHDAY 27  
 (Years) (Years)

12) BIRTHPLACE SC 18) BIRTHPLACE SC

13) OCCUPATION Farmer 19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 2 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 R. J. Davis at 5:30 M., on the date above stated. (Born alive or stillborn Hour " M. or P. M.)

(23) (Signature) R. J. Davis (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville, SC

Given name added from a supplemental report

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

(27) Filed June 12, 1922 (28) 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.

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