

Form No. 1

(1) PLACE OF BIRTH

County of Rocky MountTownship of Rocky Mountor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36956

Registration District No. 209 Registered No. 53

(For use of Local Registrar)

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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 5 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joseph Davis Sr.(9) PRESENT POSTOFFICE OF FATHER Wagner, R. F. D.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ella Corbitt(15) PRESENT POSTOFFICE OF MOTHER Wagner, R. F. D.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION House wife(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 8:50 A. on the date above stated. Born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Annix Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Perry St.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 11/8 19 22 (28) Chas. H. Sallee
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.

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.

RECEIVED AT COLUMBIA, S. C.