

## (1) PLACE OF BIRTH

County of CherokeeTownship of AmmaInc. Town of SaffordCity of Safford

(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

No. 12- For this Register

625

Registration District No. 10 A Registered No. 14

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX <u>Girl</u>	(4) Twin or Triplet To be checked only in case of Twin or Triplet	(5) Number in order of birth	(6) Age <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 7 1923</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Columbus Griffin Davis</u>			(10) NAME BEFORE MARRIAGE <u>Mary Ann Condit</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Safford</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Safford S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Year)	
(14) BIRTHPLACE <u>Cherokee Co. N.C.</u>			(15) BIRTHPLACE <u>Cherokee S.C.</u>	
(16) OCCUPATION <u>Cotton Picker</u>			(17) OCCUPATION <u>Housewife</u>	
(18) Number of children born to mother, including present birth <u>3</u>			(19) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child who was born alive on the date above stated.

(21) (Signature)

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

Feb 10 1923 (26) IN J. Summelle  
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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