

MAILED 10/10/1918
 COUNTY CLERK, GREENWOOD, MISSISSIPPI
 THIS IS A PRELIMINARY RECORD
 AND IS NOT TO BE USED AS A SUBSTITUTE FOR THE CHILD, AND MAY BE
 USED AS EVIDENCE IN THE EVENT OF THE DEATH OF THE CHILD, AND MAY BE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenwood
 Township of Greenwood
 or
 Inc. Town of Greenwood
 or
 City of Greenwood
 (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
34769

Registration District No. 734 Registered No. 149
 (For use of Local Registrar)

(2) Full Name of Child Lila Lee Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 10, 1918
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ernest L. Davis</u>	(14) NAME BEFORE MARRIAGE <u>Regina Duff</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Greenwood, S.C.</u>	(18) BIRTHPLACE <u>Salisbury, N.C.</u>	(13) OCCUPATION <u>Mechanic</u>	(18) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was July 10, 1918 at 4:40 P.M.
 on the date above stated. (Days after or before) (Hour, M., or P.M.)

(23) (Signature) Wm. Marshall (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Ph 10 (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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