

(1) PLACE OF BIRTH

County of Laurens
 Township of Cross Hill
 or
 Inc. Town of.....
 or
 City of.....

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

File No.—For State Registrar Only
19251

Registration District No. 2900 Registered No. 18
 (For use of Local Registrar)
 (No. St.; Ward)

(2) Full Name of Child J. C. Daves
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If 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 15, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Walter Sherman Daves
 9. PRESENT POSTOFFICE OF FATHER Cross Hill SC
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 42
 12. BIRTHPLACE SC
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth Eight

MOTHER.

14. NAME BEFORE MARRIAGE Lenna Belle Reeder
 15. PRESENT POSTOFFICE OF MOTHER Cross Hill SC
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 42
 18. BIRTHPLACE SC
 19. OCCUPATION Domestic
 21. Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Miles M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Hill SC

Given name added from a supplemental report

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

(27) Filed June 18, 1922 (28) C. B. Ford
 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.

Registrar C. B. Miles

Local Registrar

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THIS IS A PERMANENT RECORD
 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 BY COLUMBIA, COLUMBIA, S. C.

McCam