

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Gloucester  
 Township of Breedle  
 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

82511

Registration District No. 2013 Registered No. 8  
 (For use of Local Registrar)

(No. .... 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 Julius Davis

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? No (7) DATE OF BIRTH Dec 16 1917  
 To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Truly Davis

(9) PRESENT POSTOFFICE OF FATHER Postons SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
 (Years)

(12) BIRTHPLACE Poston SC

(13) OCCUPATION Laborer Farm

(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Parker

(15) PRESENT POSTOFFICE OF MOTHER Postons SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE Georgetown

(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion Kelly

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness G. R. Hopkins  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 15 1917 (28) W. B. Poston  
 Registrar 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.