CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2788

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of
or
City of

Registration District No. 4408 Registered No. 10
(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 Hubert Samuel Davis — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? —
(5) Number in order of birth —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH Jan 18 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Will Davis	(14) NAME BEFORE MARRIAGE Amondo Meek
(9) PRESENT POSTOFFICE OF FATHER York Rt 2	(15) PRESENT POSTOFFICE OF MOTHER York Rt 2
(10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Ebenezer S.C.	(18) BIRTHPLACE Bethel S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2	(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 Born Jan 18 1922 at 9 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Crymth Phillips
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife York Rt 2

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness Hattie Wrecks
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 20 1922 (28) John Barnes
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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McCAW BF COLUMBIA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.