

Form No 1.

(1) PLACE OF BIRTH

County of MarbleTownship of Adamsvilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emmie May 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 Jan. 22, 1930 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Clarence Davis</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Moore</u>	(9) PRESENT POSTOFFICE OF FATHER <u>McColl & Co</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McColl & Co</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(12) BIRTHPLACE <u>Adamsville Township</u>	(18) BIRTHPLACE <u>Marble Co & Co</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. M. Harrison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennington, N.C.

Given name added from a supplemental report

..... 1st

..... Registrar

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

(27) Filed Feb. 1, 1930 (28) H. H. Harrison 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 sixth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

*N.B.—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.

of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46864