

(1) PLACE OF BIRTH

County of Nick
 Township of Bismarck
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2885

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

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25 22
 (Name of Month) (Day) (Year)

FATHER,
 (8) FULL NAME Andrew Davis
 (9) PRESENT POSTOFFICE OF FATHER Jackson SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Barnwell Co SC
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER,
 (14) NAME BEFORE MARRIAGE Maria Scott
 (15) PRESENT POSTOFFICE OF MOTHER Jackson SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Barnwell Co SC
 (19) OCCUPATION housewife
 (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 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. D. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Jackson

Given name added from a supplemental report

(26) Witness

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

(27) Filed Mar 10 1922 (28) J. T. Buck 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.