

STATE PLAINLY APPROPRIATING INC.—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.

(1) PLACE OF BIRTH

County of Aiken
or
Township of
or
Inc. Town of
or
City of Aiken, S.C. (No.) St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
2846

Registration District No. 7.A. Registered No. 13
(For use of Local Registrar)

(2) Full Name of Child Emma 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 Feb 24 1922
(Time of Month) (Day) (Year)

FATHER.
(8) FULL NAME Whitney Davis
(9) PRESENT POSTOFFICE OF FATHER Aiken, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(Year) 21
(12) BIRTHPLACE S.C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE J. D. Johnson
(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 48
(Year) 18
(18) BIRTHPLACE S.C.
(19) OCCUPATION House keeping
(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 9 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated. Maria Baker

(23) (Signature) Maria Baker
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Aiken, S.C.

Given name added from a supplemental report
Mrs. Baker midwife
Wife 8.13 Sumner St
(20) Witness Mrs. Baker
(21) Filed Mar 2 1922 (22) J. D. Baker 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.

Local Registrar J. D. Baker
Registrar.

R.O.V.S.
5

and make directed

19 27 (Year)

39 (Year)

39 (Year)

39 (Year)

39 (Year)

39 (Year)

39 (Year)

39 (Year)

39 (Year)