

WRITE PLAINLY, WITH UNFADING INK—FILL IN 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 Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia

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

File No.—For State Registrar Only
12628

Registration District No. 38 Registered No. 1314
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. Columbia Hospital, Ward)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH March 21 1927
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Jefferson Davis

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Year)

(12) BIRTHPLACE Richland County

(13) OCCUPATION Coe Record Office

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Stern Chandler

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36 (Year)

(18) BIRTHPLACE Augusta Ga.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. W. Rice M.D.

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 27 is answered by _____)

(27) Filed 4-30 1927 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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