

(1) PLACE OF BIRTH

County of YerghawTownship of Buffaloor
Inc. Town of

City of

(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

30816

Registration District No. 2700Registered No. 93

(For use of Local Registrar)

(2) Full Name of Child Marquette Davis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH July 10, 1917

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dan Davis(9) PRESENT POSTOFFICE OF FATHER Cassatt SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Yerghaw Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Brown(15) PRESENT POSTOFFICE OF MOTHER Cassatt SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 42

(Years)

(18) BIRTHPLACE Richland Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Humphreys

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D.Beaufort, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed SEP 10 1917

Registrar

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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FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

GIVE OF COLOR