

Form No. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

56126

Registration District No. 2301

Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child *Sumpter David Davis*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH *April 10*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *Cherwell Co S.C.* on the date above stated.

(23) (Signature)

Eda M. Graham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

Sumpter David Davis

(Signature of Witness necessary only when question 26 is signed or marked)

(27) (Signature)

Eda M. Graham

(28) (Signature)

Eda M. Graham

Local Registrar

*When there was no attending physician or midwife, the father, mother, sister, etc., should make this return. If a child breathes even once, it must be reported. The report is subject of certification before the child reaches one year of age.

MARGIN RESERVED FOR BINDING.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In the case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the TWIST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McCaw of Columbia.