

(1) PLACE OF BIRTH

County of OrangeburgTownship of Wilton

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4807

or

Inc. Town of

or

City of

Registration District No. 5617Registered No. 4

(For use of Local Registrar)

(No. (M.) (Ward))

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Merwin North Davis

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

(3) SEX OR GENDER Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) AGE

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Nellie R. Davis

(9) PRESENT POSTOFFICE OF FATHER

Monrovia, SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

32

(12) BIRTHPLACE

SC

(13) OCCUPATION

RFD carrier

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Aileen Riddle

(15) PRESENT POSTOFFICE OF MOTHER

Monrovia, SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

32

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(Born alive or stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

Registrar

(26) Witness

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

(27) Filed Feb. 14, 1923(28) C. A. Bautz, Jr. 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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