

WHEN PRINTED, WITH UNLINED INK—THIS IS A PERMANENT RECORD.  
 X. 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 4.

(1) PLACE OF BIRTH  
 County of Aiken

Township of .....

or  
 Inc. Town of .....

City of Aiken

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

(2) Full Name of Child Luby Davis

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Feb 27 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Vanderbilt Davis</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Lewis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken</u>	
(10) COLOR OR RACE <u>B.</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>B</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>house work</u>	
(20) Number of children born to mother, including present birth <u>5th</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) P. H. Merrill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Aiken S.C.

Given name added from a supplemental report

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

(27) Filed 3/6/23 (28) P. H. Merrill Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.