

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofCity of Charleston

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

(2) Full Name of Child

Robert Benjamin Davis

File No.—For State Registrar Only

6865

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 ARegistered No. 480
(For use of Local Registrar)St. 9 Ward

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

March111932

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Benjamin Davis

(9) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22
(Year)

(12) BIRTHPLACE

Adams Run, S.C.

(13) OCCUPATION

Electrician

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

1 First

MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia Cannon Podge

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16
(Year)

(18) BIRTHPLACE

Adams Run, S.C.

(19) OCCUPATION

Wife

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

1 First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

affid.PhysicianCharleston, S.C.

Given name added from a supplemental report

M.B. Woodward M.D.7/7/42 13 Registrar

(26) Witness

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

(27) Filed

3/18

13

(28) Mercis Green M.D. 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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MEDICAL DEPARTMENT, COLUMBIA, S. C. — 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 6.