

(1) PLACE OF BIRTH
County of Winthrop
Township of Laurens
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only
37942

Registration District No. 4301 Registered No. 138
(For use of Local Registrar)
(No. St. Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.
(2) Full Name of Child Estell Davis If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Nov 16 28</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Rafe Davis</u>			10) NAME BEFORE MARRIAGE <u>Aida Murray</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greelyville SC</u>			11) PRESENT POSTOFFICE OF MOTHER <u>Greelyville SC</u>	
12) COLOR OR RACE <u>negro</u>			13) COLOR OR RACE <u>negro</u>	
14) BIRTHPLACE <u>S.C.</u>			15) BIRTHPLACE <u>S.C.</u>	
16) OCCUPATION <u>Farmer</u>			17) OCCUPATION <u>Housewife</u>	
18) Number of children born to mother, including present birth <u>7</u>			19) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. H. Hanner
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hannerman SC

Given name added from a supplemental report
19
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Filed Nov 19 28 (28) J. H. Blackwell 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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