

WRITE PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD  
N. 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wilkesburg</u>		STATE OF SOUTH CAROLINA		66586	
Township of <u>Johnson</u>		Bureau of Vital Statistics			
Inc. Town of <u>Johnson</u>		State Board of Health			
City of <u>Johnson</u>		Registration District No. <u>4304</u>		Registered No. <u>512</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>1</u> St. <u>1</u> Ward <u>6</u> )			
2) Full Name of Child <u>Lewie S. Estel Davis</u>		If child is not yet named, make supplemental report as directed			
3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8</u> 191 <u>6</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
5) FULL NAME <u>Willie Davis</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Hardie</u>		
6) PRESENT POSTOFFICE OF FATHER <u>Dea 2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Home</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Home S.C.</u>			(18) BIRTHPLACE <u>Home S.C.</u>		
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Iron Laborer</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) 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 <u>born</u> at <u>5</u> <u>H. M.</u> (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Jane X. Patterson</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Home S.C.</u>					
(26) Witness <u>Sam. Bell</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 15</u> 191 <u>6</u> (28) <u>L. L. Ford</u> Local Registrar					
Given name added from a supplemental report <u>181</u>					
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.