

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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 3.
 DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Albany</u>		STATE OF SOUTH CAROLINA		9628	
Township of <u>Lawrenceville</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No.		Registered No. <u>17</u>	
(If birth occurs in a hospital or other institution, give name of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Walter Davis</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Davis</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Bell Linton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ira, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ira S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>14</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>School girl</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Wm. H. Black</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>April 10</u> 19 <u>22</u> (28) <u>Wm. H. Shady</u> Registrar 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.					