

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. 2100

FILE NO. - For State Registration

55932

(2) Full Name of Child

Alford Great Davis

(3) BOY OR GIRL?

B

(4) TWINS OR TRIPLETS?

1

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

April 27

(8) FULL NAME

FATHER: Felix Great

(9) PRESENT POSTOFFICE OF FATHER

Georgetown, S.C.

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

45

(12) COLOR OR RACE

B

(13) AGE AT LAST BIRTHDAY

20

(14) BIRTHPLACE

Georgetown

(15) BIRTHPLACE

Georgetown

(16) OCCUPATION

Farming

(17) OCCUPATION

House work

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. C. Little

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplementary report

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

(27) Date April 28 1916 (28) J. W. Johnson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report, and a child becomes even more liable to be reported as stillborn. No report is required of stillborn children in this State.

MAJORS RESERVED FOR RECORDING.

WRITE PLAINLY, WITH UNFADING 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 5.

Cal. of Columbia.