

FORM NO. 5
MARGIN RESERVED FOR BINDING.
WHITE PLAIN, 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.

McCaw, of Columbia.

PLACE HERE
Township of Louisa

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
56549

Loc. Town of Registration District No. 2904 Registered No. 41
(For use of Local Registrar)
City of *By Court Order 9/20/13: Charlotte Davis 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 *Other Davis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Davis
(9) PRESENT POSTOFFICE OF FATHER Louisa S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Mountville S.C.
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth {

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Glavin
(15) PRESENT POSTOFFICE OF MOTHER Louisa S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Cora S.C.
(19) OCCUPATION housekeeper
(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

*O.O.# 6236
Filed 10/5/13
Registrar

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

(27) Filed Mar 10 1916 (28) L. C. [Signature] 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.