

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
83860

(1) PLACE OF BIRTH
County of Wade
Township of Johnston
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 4304 Registered No. 1414
(For use of Local Registrar)

(2) Full Name of Child. William Russell Davis 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> <small>To be answered only in case of Twins or Triplets.</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 22, 1914</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>B J Davis</u>		(14) NAME BEFORE MARRIAGE <u>Blanch Bayly</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Hemingway S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Hemingway S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hemingway S.C. RFD

Given name added from a supplemental report
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(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
L. L. Card
(27) Filed Oct 23 1914 (28) L. L. Card Board Registrar

MARRIED PLANNED, 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.
 Bureau of Columbia

*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.