

1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only

4357

County of Lancaster

Township of Flat Creek

Inc. Town of

Registration District No. 2803

Registered No. 12

(For use of Local Registrar)

City of

(No.)

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 Lois Mary Davis

If child is not yet named, make supplemental report as directed

Sex Female

(4) Twin or triplet? No

(5) Number in order of birth

(6) Are Parents Aged?

(7) DATE Feb 27 1923

FATHER.

MOTHER.

NAME W.B. Davis

(14) NAME BEFORE MARRIAGE

Waffie Bickham

RESIDENT Rushan

(15) PRESENT POSTOFFICE OF MOTHER

Rushan

AGE AT LAST BIRTHDAY 23

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 24

BIRTHPLACE Lancaster County

(18) BIRTHPLACE

Spencer County

OCCUPATION Cotton Mill hand

(19) OCCUPATION

Housewife

Number of children born to mother including present birth 3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7:40 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

F.C. Neelan

(22) State whether Physician or Midwife

(23) Address of (Physician or Midwife)

Rushan

Rushan S.C.

Given name added from a supplemental report

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

Feb 23 F.C. Neelan

Local Registrar

When there was no child breathe over

then the father, mother, etc., should make this return. If child is stillborn, no report is required of stillbirths before the birth of a subsequent child.

of stillbirths