

(2) Full Name of Child Robert E. Davis

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|---|-------------------|-----------------------------------|---|----------------------|---------------------|
| SEX <u>Boy</u> | RACE <u>White</u> | DATE OF BIRTH <u>July 1, 1944</u> | AGE <u>1 yr</u> | WEIGHT <u>15 lbs</u> | HEIGHT <u>24 in</u> |
| FATHER <u>Robert E. Davis</u> | | | MOTHER <u>Maud E. Campbell</u> | | |
| FATHER'S HOME <u>Mt Pleasant SC</u> | | | MOTHER'S HOME <u>Mt Pleasant SC</u> | | |
| FATHER'S COLOR <u>White</u> MOTHER'S COLOR <u>White</u> | | | FATHER'S RELIGION <u>None</u> MOTHER'S RELIGION <u>None</u> | | |
| FATHER'S OCCUPATION <u>Edgfield Co SC</u> | | | MOTHER'S OCCUPATION <u>Bonnie SC</u> | | |
| FATHER'S RESIDENCE <u>Brooklyn Blvd</u> | | | MOTHER'S RESIDENCE <u>Home wife</u> | | |
| FATHER'S NUMBER OF CHILDREN <u>One</u> | | | MOTHER'S NUMBER OF CHILDREN <u>One</u> | | |

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

(24) (Signature) Phyllis M. Plummer
(25) State whether Physician or Midwife Physician

Given name added from a supplementary report
(26) Witness Phyllis M. Plummer
(27) Filed July 1, 1944

When there was no attending physician or midwife, the birth of a child should be reported to the health officer.