

(1) PLACE OF BIRTH

County of Anderson
Township of Bellton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
37113

Registration District No. 300 Registered No. 166
(For use of Local Registrar)

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 22 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Edward Davis
(9) PRESENT POSTOFFICE OF FATHER Bellton SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Bellton SC
(13) OCCUPATION No occupation
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Daisy Daniel
(15) PRESENT POSTOFFICE OF MOTHER Bellton SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY — (Years)
(18) BIRTHPLACE Bellton SC
(19) OCCUPATION No Occupation
(21) 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 (Born alive or stillborn) (Hour 9 A. M., or P. M.)
on the date above stated.

(23) (Signature) Mary Ann Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bellton SC

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Mrs J. P. Adkin
(27) Filed Nov 22 1922 (28) 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.