

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Madison  
 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

5382

Registration District No. 3620Registered No. 9  
(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 Lila 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 Jan 21, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Davis  
 (9) PRESENT POSTOFFICE OF FATHER Ark 20  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Ark 20 SC  
 (13) OCCUPATION Farm

## MOTHER.

(14) NAME BEFORE MARRIAGE Della Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER Ark 20  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Ark 20 SC  
 (19) OCCUPATION W. House

(20) Number of children born to mother, including present birth 1(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 white at 5 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Davis(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(26) Witness W. J. Hampton

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

(27) Filed Feb 27 1922 (28) W. J. Hampton 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.