

McCaw, of Columbia.  
FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Brethland  
Township of 2  
or  
Inc. Town of ..... Registration District No. 254 Registered No. 117  
or  
City of Cala (No. 5 Palmetto 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 Henry Beech Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 6 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Beech Oscar Davis</u>			(14) NAME BEFORE MARRIAGE <u>Elma Dean Dennis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cala SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cala SC</u>	
(10) COLOR OR RACE <u>W</u>		(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	
(12) BIRTHPLACE <u>SC</u>			(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>SC</u>	
(19) OCCUPATION <u>Homemaker</u>				
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife 1535 Academy St.

Given name added from a supplemental report ..... 191.....  
..... Registrar

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

(27) Filed 6-27-22 191..... (28) [Signature] 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.

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