

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

(1) PLACE OF BIRTH
 County of Brethland
 Township of
 or
 Inc. Town of Registration District No. 25A Registered No. 117
 or
 City of Columbia (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

File No.—For State Registrar Only
1915

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in case 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 1912</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Beech Oscar Davis</u>		(14) NAME BEFORE MARRIAGE <u>Elma Ellen Dennis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia 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>	(17) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</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.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife
Phys | 1535 Academy St.

Given name added from a supplemental report 191

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

(27) Filled 6-27-1912 (28) [Signature]
 Registrar 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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