

Form No. 10. MARGEN RESERVED FOR REMARKS. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Marlboro

Township of Braunsville

or Town of Drake

or City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49880

Registration District No. 3303

Registered No. 4

(For use of Local Registrar)

2) Full Name of Child Lentella Davis

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? one

(5) Number in order of birth one

(6) Are Parents Married? yes

(7) DATE OF BIRTH 1-15-1916

FATHER

(8) FULL NAME Willie Davis

(9) PRESENT POSTOFFICE OF FATHER Drake SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Marlboro Co

(13) OCCUPATION Lumberman

(20) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Low Ella

(15) PRESENT POSTOFFICE OF MOTHER Drake SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Marlboro Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 am (Hour, A. M. or P. M.) on the date above stated.

(23) (Signature) Harold Campbell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mark

Given name added from a supplemental report

(26) Witness L. Drake

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

(27) Filed Jan 19 1916

(28) R. D. Rogers 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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