

(1) PLACE OF BIRTH

County of MarionTownship of Marion

Inc. Town of

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

Registration District No. 2707No. 35608 For State Registrar OnlyRegistered No. 33
(For use of Local Registrar)(2) Full Name of Child Doris Daves

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 9 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Duncan Davis

(9) PRESENT POSTOFFICE OF FATHER

Marion S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

36
(Year)

(12) BIRTHPLACE

Marion Co S.C.

(13) OCCUPATION

Farmer

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah Davis

(15) PRESENT POSTOFFICE OF MOTHER

Marion S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

30
(Year)

(18) BIRTHPLACE

Marion S.C.

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marion Davis

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Marion S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 22 1922

(28)

J. L. Dill
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.