

FORM NO. 1.

(1) PLACE OF BIRTH
 County of Horry, Co.
 Township of Backs
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
77513

Registration District No. 2501 Registered No. 9
 (For use of Local Registrar)
 (2) Full Name of Child Dorothy Olivia Davis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 11, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lee Bruce Davis
 (9) PRESENT POSTOFFICE OF FATHER Porrey, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Marion, Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 8

MOTHER.
 (14) NAME BEFORE MARRIAGE Mellie Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Porrey, S.C.
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 32 (Years)
 (18) BIRTHPLACE Horry, Co.
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 1:00 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Mrs. Sallie Hannah
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Porrey, S.C.

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 Sept 14 1916 (28) L. J. Bourne 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.

MARGIN RESERVED FOR BINDING.
 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.
 McCraw, of Columbia