

Form No. 10.

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.

Cav. of Columbia.

(1) PLACE OF BIRTH

County of CatharineTownship of Caw Cawor
Inc. Town ofor
City of

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

(2) Full Name of Child Missouri Davis

File No.—For State Registrar Only

48252

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 801 Registered No. 13

(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12 1916

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacky Davis

(9) PRESENT POSTOFFICE OF FATHER Jamison

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Ham handler

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

MOTHER.

(14) NAME BEFORE MARRIAGE Melinda Glover

(15) PRESENT POSTOFFICE OF MOTHER Jamison

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Ham handler with

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Della Miley

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

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness S. N. Murphy (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 20 1916 (28) S. N. Murphy 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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