

(1) PLACE OF BIRTH

County of *St. George*Township of *Edinburg*or
Inc. Town of *Edinburg*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

Registration District No. *3606*

File No.—For State Registrar Only

19675

Registered No. *44*
(For use of Local Registrar)

(2) Full Name of Child

James Davis Jr

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 Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 6, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Davis

(9) PRESENT POSTOFFICE OF FATHER

Edinburg

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

near Edinburg

(13) OCCUPATION

Farm Laborer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Lilly Harley

(15) PRESENT POSTOFFICE OF MOTHER

Edinburg

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

near Edinburg

(19) OCCUPATION

Farm Laborer

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, *alive* at *7 a.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jana S. Fenley

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Edinburg

Given name added from a supplemental report

(26) Witness

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

(27) File

June 10, 1922

(28)

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.