

## (1) PLACE OF BIRTH

County of MurrayTownship of Reeds #5Inc. Town of Winnsboro

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

92693

Registration District No. 2409 Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child Tom Davis

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

|                             |                                  |                                       |                                     |   |
|-----------------------------|----------------------------------|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin <u>Twin</u> or Triplet? | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec. 27</u> 191 <u>6</u> |
|                             |                                  |                                       |                                     | (Name of Month) (Day) (Year)                  |

## FATHER.

|  |   |
|--|---|
| (8) FULL NAME <u>Arthur Davis</u>  | (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) |
| (9) PRESENT POSTOFFICE OF FATHER <u>Winnsboro S.C.R. 2409</u>            |   |
| (10) COLOR OR RACE <u>Caucasian</u>                                      | (12) BIRTHPLACE <u>Winnsboro S.C.</u>       |
| (13) OCCUPATION <u>Farm Work</u>   |   |
| (20) Number of children born to mother, including present birth <u>4</u> |   |

## MOTHER.

|   |   |
|---|---|
| (14) NAME BEFORE MARRIAGE <u>Caroline Brown</u>                                     | (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Winnsboro S.C.R. 2409</u>                      |   |
| (16) COLOR OR RACE <u>Caucasian</u>   | (18) BIRTHPLACE <u>Winnsboro S.C.</u>       |
| (19) OCCUPATION <u>Farm Work</u>  |   |
| (21) Number of children of this mother now living, including present birth <u>3</u> |   |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

|   |  |
|---|--|
| (23) (Signature) <u>Physician</u>       | (25) Address of Physician or Midwife <u>Reeds #5</u> |
| (24) State whether Physician or Midwife |  |

Given name added from a supplemental report

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

(27) Filed July 15, 1917 (28) J.M. Smith 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.

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.  
McCaw, of Columbia.