

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston

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

(2) Full Name of Child Rosalee Davis(3) BOY OR GIRL girl (4) Twin or Triplet? 7 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH May 27, 1927

To be answered only in event of Twins or Triplets

FATHER (8) NAME BEFORE MARRIAGE Josephine Lapers(9) FULL NAME Parish Davis (10) PRESENT POSTOFFICE OF FATHER Charleston(11) AGE AT LAST BIRTHDAY 40 (12) COLOR OR RACE colored (13) AGE AT LAST BIRTHDAY 36(14) BIRTHPLACE John's Island S.C. (15) OCCUPATION Domestic(16) COGNITION Laborer (17) 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 born alive at 4 A.M. on the date above stated. (Born alive or stillborn Hour, M., or P. M.)(23) (Signature) Sallie Hubbard (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 29 Charles St

Given name added from a supplemental report

(26) Witness Sallie Hubbard (27) (Signature of Witness necessary only when question 23 is signed by mark)(28) Filed 6/4/27 (29) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a stillbirth occurs even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17809

Registered No. 776

(For use of Local Registrar)

Registration District No. 9A(No. 14 W. L. H. Alley St.; Ward)

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

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