

FORM NO. 6

MARGIN RESERVED FOR BINDING.

WHITE 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.

McGav. of Columbia

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(1) PLACE OF BIRTH

County of Columbia S.C.
Township of

Inc. Town of

City of Columbia S.C. (No. 27 A. Hwy.)
(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 HealthFile No.—For State Registrar Only
80560Registration District No. 9A Registered No. 1160
(For use of Local Registrar)(2) Full Name of Child Heellen Davis

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

(3) ~~OR~~ OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct. 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Heem Davis(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION jeweler(20) Number of children born to mother, including present birth two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Bunch(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Holly Hill(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah A. Jones midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife 105 Street

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 10/27/16 1916

(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.

Registrar

Filed 10/311916

J. M. Green, M.D.

Corrected:

LEON RANDY, M.D.

REGISTRAR