

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

File No.—For State Registrar Only

49870

Registration District No. 3301

Registered No. 14

(For use of Local Registrar)

## (2) Full Name of Child

Becky David

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 Twin or Triplet

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

July 19<sup>th</sup> 1906

## FATHER.

(8) FULL NAME

John Henry David

(9) PRESENT POSTOFFICE OF FATHER

Brunettsville SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Marlboro Co SC

(13) OCCUPATION

Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Brunettsville SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Marlboro Co SC

(19) OCCUPATION

Housewife

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

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Marlboro Co SC on the date above stated. (Hour A. M. or P. M.) 9 M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Brunettsville SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

July No 6 1906

(28)

W. W. Pate 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. E.—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 3. McCaw, of Columbia