

(1) PLACE OF BIRTH

County of Laurens

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child James W. Davis If not yet named, make supplemental report as directed

1) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1st</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Aug 30, 1923</u> (Name of Month) (Day) (Year)
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FATHER

8) FULL NAME Charles Davis

9) PRESENT POSTOFFICE OF FATHER Wadsworth S.C.

10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Year)

12) BIRTHPLACE S.C.

13) OCCUPATION Farmer

MOTHER

14) NAME BEFORE MARRIAGE Martha Lee

15) PRESENT POSTOFFICE OF MOTHER Wadsworth S.C.

16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40 (Year)

18) BIRTHPLACE S.C.

19) OCCUPATION Domestic

20) Number of children born to mother, including present birth 1

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Arthur M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shakelton La

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 2, 1923 (28) W. A. Blaine 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.

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