

DATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of Newbury

Township of Whitcomb

or Inc. Town of Whitcomb

City of Whitcomb

(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

35719

Registration District No. 34021

Registered No. 123

(For use of Local Registrar)

(2) Full Name of Child Hugh J. Davis Jr.

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec 15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hugh J. Davis

(9) PRESENT POSTOFFICE OF FATHER Whitcomb

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE Union Co.

(13) OCCUPATION Mechanician

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Wells

(15) PRESENT POSTOFFICE OF MOTHER Whitcomb

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28

(18) BIRTHPLACE Chertown Pa

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) W. E. Proctor

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Whitcomb

Given name added from a supplemental report

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

(26) Filed Nov 9 1922 (27) R. M. Duckett 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

STATE OF SOUTH CAROLINA. BUREAU OF VITAL STATISTICS. FORM NO. 1. THIS OFFICIAL, NO. 2, ETC., IN QUESTION 6.