

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Maysville*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

*Annie May Davis*

File No.—For State Registrar Only

79424

Registered No. *98*  
(For use of Local Registrar)Registration District No. *4102*

St.; ..... Ward)

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

(3) BOY OR GIRL

*Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *no*

(7) DATE OF BIRTH

*Sept - 3 - 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Willie Davis*

(9) PRESENT POSTOFFICE OF FATHER

*Maysville S.C. R7D*

(10) COLOR OR RACE

*Colored*

(11) AGE AT LAST BIRTHDAY

*30*  
(Years)

(12) BIRTHPLACE

*Davies S.C.*

(13) OCCUPATION

*Farmer*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Oliver Richardson*

(15) PRESENT POSTOFFICE OF MOTHER

*Maysville S.C. R7D*

(16) COLOR OR RACE

*Colored*

(17) AGE AT LAST BIRTHDAY

*21*  
(Years)

(18) BIRTHPLACE

*St. Charles S.C.*

(19) OCCUPATION

*Farm Hand*

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

*3*

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

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *11* P.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

*Emmett L. Loper*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*1916*(28) *W. L. Loper*

Local Registrar

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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.