

WRITE PLAINLY, WITH CAPITALS. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.

**(1) PLACE OF BIRTH**  
 County of Fairfield  
 Township of #  
 Inc. Town of Shelton  
 City of Shelton  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 1900 Registered No. 63  
 (For use of Local Registrar)  
 (No. .... St. .... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 40116  
 (For State Registrar Only)

**(2) Full Name of Child** Mary Virginia Davis (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 23 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Self Davis</u>	(14) NAME BEFORE MARRIAGE <u>Mathie Boulhore</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Shelton, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Shelton, S. C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Fairfield, Co.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Fairfield Co</u>	(20) OCCUPATION <u>Housewife</u>
(22) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>1 2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (23) I hereby certify that I attended the birth of this child, who was .... at .... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (24) (Signature) C. J. Crosby  
 (25) State whether Physician or Midwife  
 (26) Address of Physician or Midwife  
Physician Keeds, S. C.  
 In official:  
 Given name added from a supplemental report  
M. B. Woodward  
2-24-23 19  
 Registrar  
 (27) Witness  
 (Signature of Witness necessary only when question 23 is signed by mark)  
Dec 31 1923 (28) Mrs C. W. Fausch  
 Filed

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.