

Form No. 1

(1) PLACE OF BIRTH

County of Dillon S.C.
Township of Bethen
Inc. Town of Latta S.C.
City of Latta S.C.

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

File No. - For State Registrar Only
3653

Registration District No. 1606 Registered No. 1
(For use of Local Registrar)

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

(2) Full Name of Child Jarvis Davis

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

(3) SEX OF CHILD Male (4) Twin Y or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Davis
(9) PRESENT POSTOFFICE OF FATHER Latta S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43
(12) BIRTHPLACE Latta S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Anthony
(15) PRESENT POSTOFFICE OF MOTHER Latta S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Dillon S.C.
(19) OCCUPATION Farmer
(20) Number of children of the mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Harriet Manning
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Latta S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Signed W. J. Rogers (27) Local Registrar

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