

Form No. 1

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only  
2845County of AndersonTownship of Jacanna

Inc. Town of .....

Registration District No. 311Registered No. 9  
(For use of Local Registrar)City of ..... (No. .... St.; ..... Word)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child James Davis If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Are Parents Married ye (6) DATE OF BIRTH Feb 22 23  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(7) FULL NAME Tom Davis(14) NAME BEFORE MARRIAGE Hattie Hill(8) PRESENT RESIDENCE OF FATHER Staw S.C.(15) PRESENT RESIDENCE OF MOTHER Staw S.C.(9) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Year)(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Anderson Co(18) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1 8(21) Number of children of this mother now living, including present birth 1 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)(23) (Signature) Lizzie Bolden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Staw S.C.

Given name added from a supplemental report

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

(27) Filed Mar 8 1923 (28) L. C. Loh 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.

THIS FORM IS TO BE FILLED IN A PERMANENT MANNER. IT IS NOT TO BE REUSED. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.