

N. B.—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 5.

MEGAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Bowling
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43665

Registration District No. 3206 Registered No. 42
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. T. Davis
(9) PRESENT POSTOFFICE OF FATHER Gresham D.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Marion D.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Hughes
(15) PRESENT POSTOFFICE OF MOTHER Gresham D.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Marion Co. D.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Hughes
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gresham D.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 22 (28) F. M. Boatwright 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.