Form No. 3.

(1) PLACE OF BIRTH

County of Aiken

Township of Hamton

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
2871

Registration District No. 22 ..... Registered No. .....
(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 L. B. Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			✓	Feb 22 19....

FATHER.

(8) FULL NAME Henry Davis

(9) PRESENT POSTOFFICE OF FATHER Lahaidy

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY (Years) 40

(12) BIRTHPLACE Orangeburg, S.C.

(13) OCCUPATION Crop Hand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Easter Hudson

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY (Years) 36

(18) BIRTHPLACE Edgefield County, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Midwife Martha Bowman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Lee Affidavit

3/7/45 L.A.K. .....
(Registrar)

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

(27) Filed Feb 26 19 22 (28) J. I. Hauser M.D.
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.

REGULATIONS GOVERNING THE FILING OF CERTIFICATES OF BIRTH AND DEATH AND REPORTS OF STILLBIRTHS

1. THE OFFICIAL NO. 2, etc., in question 6, FOR EACH CHILD, and mark the