

Form No. 1

(1) PLACE OF BIRTH

County of GrovetonTownship of Andrews SCInc. Town of Andrews SCCity of Andrews SC

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17702

Registration District No. 2103Registered No. 89
(For use of Local Registrar)(2) Full Name of Child John Thomas Davis

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

(3) SEX OR Male (4) Type ye (5) Are ye (6) DATE OF June 17, 23
BIRTH (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Edwin Davis</u>	(14) NAME BEFORE MARRIAGE <u>Ida Blakey</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Williamsby Cnty SC</u>	(18) BIRTHPLACE <u>Williamsby Cnty SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Davis Father
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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

(27) Filed Jun 21, 1923 (28) W. T. Bady 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.

NOTE: 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 1.

Bureau of Columns. Columns. 8. C.