

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Wadsworth

or

Inc. Town of

City of

(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

41875

Registration District No. 14209 Registered No. 63
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Eugene Davis

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

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec. 33, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Judson Davis9) PRESENT POSTOFFICE OF FATHER Wadsworth SC10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 27
(Years)12) BIRTHPLACE SC13) OCCUPATION Farming20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Alice Davis15) PRESENT POSTOFFICE OF MOTHER Wadsworth SC16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 27
(Years)18) BIRTHPLACE SC19) OCCUPATION Housewife21) 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 born Alive S.P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna J. Davis

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

Midwife Wadsworth

Given name added from a supplemental report

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

(27) Filed Dec 33 1922 Miss Premier P. Davis Local Registrar

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

WHERE PLACED IN THE INDEXING MACHINE—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS use a separate blank for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMBIA, COLUMBIA, S. C.