

Form No. 1

17 2

(1) PLACE OF BIRTH

County of Dillon S.C.  
Township of Latta  
or  
Inc. Town of Latta  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3651

Registration District No. 1696 Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child Jessie Davis

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

(3) SEX OR CHILD Female (4) Twin X or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Jan. 27, 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Davis  
(9) PRESENT POSTOFFICE OF FATHER Latta S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43  
(12) BIRTHPLACE Latta S.C.  
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Anthony  
(15) PRESENT POSTOFFICE OF MOTHER Latta S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE Dillon S.C.  
(19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 17 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Bessie Hauling  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Latta S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
(27) Date 2/27/23 (28) W. F. Rogers Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.