

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of 1

or

Inc. Town of

or

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

36110

Registration District No. 3704Registered No. 101
(For use of Local Registrar)(2) Full Name of Child B. H. Davis

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

(3) BOY OR GIRL? B

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Oct 30 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE May F. Porter(15) PRESENT POSTOFFICE OF MOTHER Vicksburg S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) F. Porter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Vicksburg S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed for male)

(27) Filed

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(28)

(29) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.