

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Willitt  
 OF  
 Inc. Town of .....  
 OF  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19719

Registration District No. 4.9.0Registered No. 16  
(For use of Local Registrar)

City of ..... (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 Carrie Lee Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet T (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22, 1925  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME E. L. Davis  
 (9) PRESENT POSTOFFICE OF FATHER Willittville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39  
 (12) BIRTHPLACE Willitt  
 (13) OCCUPATION Car Mill Work  
 (20) Number of children born to mother, including present birth Three

MOTHER.  
 (14) NAME BEFORE MARRIAGE Gene M. Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Willittville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36  
 (18) BIRTHPLACE Willitt  
 (19) OCCUPATION House Work  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was white at 7:12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willitt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 30, 1925 (28) Willitt Local Registrar

If 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.