

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—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 questions 1

Revised by Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Polk
 Township of Christ Church
 or
 Inc. Town of Duwendau
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27523

Registration District No. 901 Registered No. 117
 (For use of Local Registrar)

(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 Melarence Davis

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Adam Davis
 (9) PRESENT POSTOFFICE OF FATHER Duwendau S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
 (Year) _____
 (12) BIRTHPLACE Duwendau S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Estell Alford
 (15) PRESENT POSTOFFICE OF MOTHER Duwendau S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28
 (Year) _____
 (18) BIRTHPLACE Duwendau S.C.
 (19) OCCUPATION Domestic Worker
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Melarence Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Duwendau S.C.

Given name added from a supplemental report

(26) Witness Adam Davis (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 29, 1923 (28) John H. H. H. 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