

(1) PLACE OF BIRTH

County of Horry
 Township of Peel
 OF
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30662

Registration District No. 707Registered No. 125
(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 Caroline Davis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept-17-22
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Davis
 (9) PRESENT POSTOFFICE OF FATHER Vannville
 (10) COLOR OR RACE Cold (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE Hampston Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Clander Jenkins
 (15) PRESENT POSTOFFICE OF MOTHER Vannville
 (16) COLOR OR RACE Cold (17) AGE AT LAST BIRTHDAY 35
 (Year)
 (18) BIRTHPLACE Hampston Co
 (19) OCCUPATION House work
 (21) 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 Alive (Born alive or stillborn) (Date A. M. or P. M.)
 on the date above stated.

(23) (Signature) Yolli Davis Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Vannville

Given name added from a supplement-
 tal report

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

(27) Filed Sept 23 19 22 (28) H. P. Rains 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.