

County of ...
Township of ...
or
inc. Town of ...
City of ...
Registration District No. 999 Registered No. 7
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Ernestine Davis

Sex of Child Girl
Age of Child 2 1/2
Date of Birth Jan 11, 1923
Place of Birth ...
Father's Name Peter Davis
Mother's Name Susan Simms
Present Residence of Father Myers S. C.
Color of Child Col. (11) Age at last birthday 25
Birthplace of Child Charleston Co.
Occupation of Child Laborer at Burton's L Co. Housework
Number of children born to mother, including present one 3
Number of children of this mother now living, including present one 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was born alive at ... M., on the date above stated.
(29) (Signature) Mary Taylor
(30) State whether Physician or Midwife Midwife
(31) Address of Physician or Midwife 5th Ave
Given name added from a supplemental report
(32) Witness (Signature of Witness necessary only when question 28 is signed by ...)
(33) Filed Jan 21, 1923. L. P. Myers, 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 stillborns before the fifth month of pregnancy.
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