

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

44430

County of

Township of *St. Andrew Parish*

Inc. Town of

City of

Registration District No. *9.C.5*Registered No.
(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 *Paula Davis*

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

(3) SEX OR
CHILD *boy*(4) Twin
or Triplet *✓*(5) Number in
order of birth(6) Are
Parents
Married *Yes*

(7) DATE OF

BIRTH *Dec 20*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Benge Davis*(9) PRESENT
RESIDENCE
OF FATHER *Johns Island*(10) COLOR
OR
RACE *Negro*(11) AGE AT LAST
BIRTHDAY(Year) *20*(12) BIRTHPLACE *St Andrew Parish*(13) OCCUPATION *farmer*(14) Number of children born to
mother, including present birth *1/14*

MOTHER.

(15) NAME BEFORE
MARRIAGE(16) PRESENT
RESIDENCE
OF MOTHER *Johns Island*(17) COLOR
OR
RACE *Colored*(18) AGE AT LAST
BIRTHDAY(Year) *20*(19) BIRTHPLACE *St Andrew Parish*(20) OCCUPATION *Home Keeper*(21) Number of children of this mother
now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Snay South* at *2*... *2* M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *Chas. G. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report*Mrs. Canady*
Dec 20 1923
Registrar

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed *28*

1924

(28)

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.

MARGIN RESERVED FOR ENDING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. 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 question 2, SECTION OF COLUMBIA, COLUMN 2, C.