

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

40046

Registration District No. 1705

Registered No. 81  
(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

Willie Davis

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

(3) BOY OR

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

William Davis

(14) NAME BEFORE MARRIAGE

## MOTHER.

(15) PRESENT POSTOFFICE OF FATHER

Reeseville S.C.

(16) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35

(17) AGE AT LAST BIRTHDAY

31

(Year)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Susie Johnson

Housewife Reeseville S.C.

Given name added from a supplemental report

(25) Witness

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

(27) Filed

Dec 28 1923

(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.