

## (1) PLACE OF BIRTH

County of *Marion*

Township of .....

or  
Inc. Town of *Mullins*or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

File No.—For State Registrar Only

43608

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *37B*Registered No. *66*

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twin or Triplets</i>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Oct 26 1922</i> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME *George Davis*(9) PRESENT POSTOFFICE OF FATHER *Mullins, SC*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *Sumter, SC*(13) OCCUPATION *Restaurant Keeper*(20) Number of children born to mother, including present birth *Eight*

## MOTHER

(14) NAME BEFORE MARRIAGE *Carmon. Reames*(15) PRESENT POSTOFFICE OF MOTHER *Mullins, SC*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *Marion Co. SC*(19) OCCUPATION *House Wife*(21) Number of children of this mother now living, including present birth *Eight*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. M. Hollis, M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Mullins, SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 9 1923*

(28)

Local Registrar

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.

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