

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

17025

County of CharlestonMunicipality of Charlestonor Town of Charlestonor City of CharlestonRegistration District No. 2002 Registered No. 28
(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.)

(1) Full Name of Child Heath Davis (If child is not yet named, make supplemental report as directed)(2) SEX Boy (3) Type or Type of To be entered only in case of Twin or Triple (4) Age 10 (5) DATE OF BIRTH Jan 6 22

FATHER

(6) FULL NAME Heath Davis(7) PRESENT RESIDENCE OF FATHER Charleston(8) COLOR Negro (9) AGE AT BIRTH 37(10) MOTHER'S NAME Miss Bluff S.C.(11) OCCUPATION Public Work(12) Number of children born to mother, including present birth 10

MOTHER

(13) NAME BEFORE MARRIAGE Sallie Jones(14) PRESENT RESIDENCE OF MOTHER Charleston(15) COLOR Negro (16) AGE AT BIRTH 34(17) MOTHER'S NAME Miss Bluff S.C.(18) OCCUPATION Farm Hand(19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at D.P.M. on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(21) (Signature) Heath Davis (22) Name, whether Physician or Midwife Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by nurse)

(25) Filed 7/10 (26) John Davis

When there was no attending physician or midwife, then the father, householder, etc., must report as directed. If a child breathes even once, it must not be reported as stillborn. No report is due before the fifth month of pregnancy.