

## (1) PLACE OF BIRTH

County of Clarendon

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

59423

Township of Sandy Swamp

Inc. Town of

Registration District No.

1315

Registered No.

15

(For use of Local Registrar)

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 Harri Burnes Davis

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>April 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Fred Davis</u>			(14) NAME BEFORE MARRIAGE <u>Bealrie Wathes</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sils/xx 8' C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sils/xx 8' C</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Clarendon Co</u>			(18) BIRTHPLACE <u>Clarendon Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Horse Work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Johnson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Manning

Given name added from a supplemental report

Quincy 8, 1916R. S. Barwick  
Registrar

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

(27) Filed 5/8, 1916 (28) R. S. Barwick  
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.

fifth month of pregnancy.

FIRST-BORN, No. 1. THE CHILD, No. 2, etc., in question 5.

McGaw, of Columbia.