

(1) PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of Laurin

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16562

Registration District No. 3803Registered No. 128

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

J. A. Davis

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

(3) BOY OR GIRL? X

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH May 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. A. Davis

(9) PRESENT POSTOFFICE OF FATHER

Cangas

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Year) 39

(12) BIRTHPLACE

Cangas

(13) OCCUPATION

Farming 32

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen W. W. W. W.

(15) PRESENT POSTOFFICE OF MOTHER

Cangas

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Year) 16

(18) BIRTHPLACE

Cangas

(19) OCCUPATION

Farming

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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.