

(1) PLACE OF BIRTH

County of MarionTownship of Wahlee

Inc. Town of

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

4570

Registration District No. 3247 Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Mary Davis (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother yes (7) DATE OF BIRTH Feb 24, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Davis(9) PRESENT RESIDENCE OF FATHER Marion S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Marion Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Davis(15) PRESENT RESIDENCE OF MOTHER Marion S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE Marion Co S.C.(19) OCCUPATION House. wife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Born alive at N.A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Sarah B. Bress(23) State whether Physician or Midwife (24) Address of Physician or Midwife Marion S.C.

(25) Given name added from a supplemental report

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

(27) Filed March 7, 1923 (28) J. L. Dill 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.