

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Shusterfield STATE OF SOUTH CAROLINA.

Township of Sumner Bureau of Vital Statistics
State Board of Health

Inc. Town of Registration District No. 1201

City of Registered No. 10
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)

(2) Full Name of Child Jessie Davis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triple? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 20 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Will Davis
(9) PRESENT POSTOFFICE OF FATHER Shuraw S C
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Shusterfield Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Nora Fuller
(15) PRESENT POSTOFFICE OF MOTHER Shuraw S C
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Marlboro Co. S.C.
(19) OCCUPATION Farm Laborer
(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn.)
on the date above stated. (Hour A. M. or P. M.) 6 A.

(23) (Signature) Dollie M. Hearn
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shuraw S C

Given name added from a supplemental report
..... 191.....
..... Registrar

(26) Witness Will Davis (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 20 1916 (28) A. B. Ingram 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.

MARGIN RESERVATION FOR FILING.
WHEN FILING, WRITE UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
CLAW, of Columbia.