

(1) PLACE OF BIRTH

County of Rich
 Township of
 or
 Inc. Town of
 or
 City of Cola

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5083

Registration District No. 38ARegistered No. 178
(For use of Local Registrar)(2) Full Name of Child Ben Albert Davis Jr.(3) BOY OR GIRL Boy(4) Twin or Triplet (5) Number in order of birth 1(6) Are Parents Married yes(7) DATE OF BIRTH Feb. 16, 1923

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

FATHER.

(8) FULL NAME Ben Albert Davis(9) PRESENT POSTOFFICE OF FATHER Cola, S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bell Paschal(15) PRESENT POSTOFFICE OF MOTHER Cola S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the date above stated. (Mark active or stillborn: (Hour A. M. or P. M.)(22) (Signature) W. J. [Signature]

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Filed March 5, 1923

(27)

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.