

(1) PLACE OF BIRTH
County of Marion
Township of
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
19425

Registration District No. 37A Registered No. 49
(For use of Local Registrar)

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

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

3 BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1, 1922
(Value of Month) (Day) (Year)

FATHER.

8 FULL NAME Harvey Davis
9 PRESENT POSTOFFICE OF FATHER Marion S.C.
10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
12 BIRTHPLACE Marion Co S.C.
13 OCCUPATION Laborer
20 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Arabella Edwards
15 PRESENT POSTOFFICE OF MOTHER Marion S.C.
16 COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
18 BIRTHPLACE Marion S.C.
19 OCCUPATION Domestic
21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Harvey Davis 3 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 mark)

(27) Filed July 1, 1922 (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.

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