

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
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

79591

Registration District No. 4207

Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 21*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

L. H. Davis

(9) PRESENT POSTOFFICE OF FATHER

Jonesville 86

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Union County,

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Faelet Motte

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville 86

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

Union County

(19) OCCUPATION

Domestic

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

10

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Adeline Farr*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed *Oct 6* 191...

(28)

B. M. Alexander

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.

N. B.—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 1.