

(1) PLACE OF BIRTH

County of Union  
 Township of Jonesville, S.C.  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME L. A. Davis  
 (9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE Union County,  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth } 10

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Miss Fesset Motte  
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Union County  
 (19) OCCUPATION Domestic  
 (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 B. N. Alexander  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled Oct 6 1916 (28) B. N. 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 5.