

FORM NO. 3.

(1) PLACE OF BIRTH

County of WilliamburgTownship of Andersonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

44922

Registration District No. 4300 Registered No. 82
(For use of Local Registrar)

St.: _____ Ward)

(No. _____ If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Henry Davis If child is not yet named, make supplemental report as directed(1) BOY OR GIRL MALE (4) Twin or Triplet? NO (5) Number in order of birth 1
to be answered only in event of Twin or Triplet's(6) Are Parents Married? YES (7) DATE OF BIRTH Nov 29 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Davis(9) PRESENT POSTOFFICE OF FATHER Trio(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Candis McCallopy(15) PRESENT POSTOFFICE OF MOTHER Trio(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Food work(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Gyles (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trio SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12 28 1915 (28) G. W. Lambie Local Registrar

*When there was no attending physician or midwife when 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 RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.