

THIS IS A PERMANENT RECORD.
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.

RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of Martin

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

40857

Registration District No. 309

Registered No. 88

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Rebecca Davis

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

(3) BOY OR
GIRL? girl

(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth

(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH Oct 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME W. A. Davis

(9) PRESENT
POSTOFFICE
OF FATHER Anderson R #

(10) COLOR
OR
RACE White

(11) AGE AT LAST
BIRTHDAY 3
(Years)

(12) BIRTHPLACE
Anderson Co

(13) OCCUPATION
Farmer

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

Three

MOTHER.

(14) NAME BEFORE
MARRIAGE Marie Bryant

(15) PRESENT
POSTOFFICE
OF MOTHER Anderson R #

(16) COLOR
OR
RACE White

(17) AGE AT LAST
BIRTHDAY 3
(Years)

(18) BIRTHPLACE
Anderson Co.

(19) OCCUPATION
House wife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. C. Milled M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Anderson - 8

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed Jan 8 1923

(28) R. P. Robinson
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.

....., etc., should make this return.
No report is desired of stillbirths
before the fifth month of pregnancy.