

FORM NO. 1.

## (1) PLACE OF BIRTH

County of FLTownship of FL

Loc. Town of \_\_\_\_\_

City of \_\_\_\_\_

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

(2) Full Name of Child Melaine Davis

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

(3) SEX—OK  
GIRL?(4) Twin or Triplet? X(5) Number in order of birth: X(6) Are Parents Married? NO(7) DATE OF BIRTH 26 63 22

(Name of Month) (Day) (Year)

(8) FATHER

(9) FULL NAME W. H. Williams(10) PRESENT POSTOFFICE OF FATHER Wilmington, S.C.(11) COLOR OR RACE W(12) AGE AT LAST BIRTHDAY 26

(13) BIRTHPLACE \_\_\_\_\_

(14) OCCUPATION \_\_\_\_\_

(15) Number of children born to mother, including present birth 2(16) NAME BEFORE MARRIAGE La Davis(17) PRESENT POSTOFFICE OF MOTHER Wilmington, S.C.(18) COLOR OR RACE Black(19) BIRTHPLACE S.C.(20) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 1(22) I hereby certify that I attended the birth of this child, who was born at 5:00 P.M. on the date above stated.(23) (Signature) Margaret

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

(27) Filed \_\_\_\_\_

(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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3194

Registration District No. 600 Registered No. 12180

(For use of Local Registrar)

(Ward)

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