

(1) PLACE OF BIRTH

County of *Alameda*Township of *Alameda*Ecc. Town of *Fairfax*

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State House of Delegates

Registration District No. *4600*No. *30820*Registered No.
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child *Maria Elaine Davis* If child is not yet named, make supplemental report as directed(a) SEX OF CHILD *girl* (b) TIME OF BIRTH *4:40* (c) DATE OF BIRTH *Oct 6 1923*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(1) FULL NAME <i>Hanson E. Davis</i>	(14) NAME BEFORE MARRIAGE <i>Luella Garrison</i>	(15) PRESENT RESIDENCE OF FATHER <i>Fairfax SC</i>	(16) PRESENT RESIDENCE OF MOTHER <i>Fairfax SC</i>
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>32</i>	(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>27</i>
(12) BIRTHPLACE <i>Orangeburg, SC</i>	(12) BIRTHPLACE <i>Orangeburg, SC</i>	(13) OCCUPATION <i> Clerk</i>	(13) OCCUPATION <i>wife</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) at *3:30 a.m.* on the date above stated.(23) (Signature) *Physician J. L. Tolson*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Fairfax SC*

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)	(27) Filed	(28) Local Registrar
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*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.

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