

(1) PLACE OF BIRTH

County of KershawTownship of North

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

19111

Registration District No. 270 Registered No. 114

(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? Boy

(4) Twin or triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 14 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr Richard Davis(9) PRESENT POSTOFFICE OF FATHER Camden(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Kershaw(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Haller J. Thompson(15) PRESENT POSTOFFICE OF MOTHER Camden(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Kershaw(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 P.M.
(Born, alive, or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Camden SC

Given name added from a supplemental report

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

(27) Filed June 14 1911 (28) W. H. H. H. Local Registrar

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.

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