

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of St. James
 or
 Inc. Town of McClureville
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17941

Registration District No. 906 Registered No. 43
 (For use of Local Registrar)

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

(2) Full Name of Child Frankie Davis If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? Yes 4. Twin or Triplet? No 5. Number in order of birth 10 6. Are Parents Married? Yes 7. DATE OF BIRTH June 6 19 22
 (Specify of Month) (Day) (Year)

FATHER.

8. FULL NAME Jim Davis
 9. PRESENT POSTOFFICE OF FATHER McClureville
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 50 (Years)
 12. BIRTHPLACE Charleston Co
 13. OCCUPATION Day Labor
 20. Number of children born to mother, including present birth 10

MOTHER.

14. NAME BEFORE MARRIAGE Rebecca Brown
 15. PRESENT POSTOFFICE OF MOTHER McClureville
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 32 (Years)
 18. BIRTHPLACE Charleston Co
 19. OCCUPATION Day Labor
 21. Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born 4. Sun at 12 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna G. Smith
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McClureville

Given name added from a supplemental report

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

(27) Filed June 17 19 22 (28) Geo E. Beckman 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.

W. E.—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.

MCRAV OF COLUMBIA, COLUMBIA, S. C.