

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of Lawrence

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

## (2) Full Name of Child

Frank Marion Davis Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Sept</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>ye</u>	(7) DATE OF BIRTH <u>Dec 18</u> 19 <u>22</u> (Name of Month) (Day) (Year)
-----------------------------	---	---------------------------------------	------------------------------------	--

## FATHER.

(8) FULL NAME Marion B. Davis(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Chickadee N.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Moore(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Laurens S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

See affidavit  
3/9/23 M.B.W.  
Registrar

(26) Witness

Chas P. Vincent  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/16 1923(28) E. M. Greenich  
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.

\*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.

MAKING RESERVE FOR FOLDING. WITH UNFOLDING INC.—THIS IS A PERMANENT RECORD. N. H.—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. MAGAZINE OF COLUMBIA, COLUMBIA, S. C.