

(1) PLACE OF BIRTH

County of Laurens
Township of
OR
Inc. Town of
OR
City of Laurens (No. St.; Ward)
(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

43293

Registration District No. 29 Registered No. 151
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Sept (5) Number in order of birth 1 (6) Are Parents Married? ye (7) DATE OF BIRTH Dec 14 1922
(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 Laurens S.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 37
(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 P. 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.
19

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

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the MARGIN RECEIVED BY FOLD BINDING.
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