

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Calhoun
 Township of Amelia
 or
 Inc. Town of

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

File No.—For State Registrar Only
88624

Registration District No. 800 Registered No. 171
 (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 Joan Davis Jr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 6, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joan Davis
 (9) PRESENT POSTOFFICE OF FATHER St Motte
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Home laborer
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Merion Smith
 (15) PRESENT POSTOFFICE OF MOTHER St Motte
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Home laborer
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Oliver Reese (midwife)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St Motte

Given name added from a supplemental report

 _____ 19 _____ Registrar

(26) Witness W. M. Miller (Signature of witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 31, 1916 (28) W. M. Miller 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.