

## (1) PLACE OF BIRTH

County of CalhounTownship of Amelia

Inc. Town of .....

City 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. 800Registered No. 171

(For use of Local Registrar)

(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?

X

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 6, 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Joan Davis

(9) PRESENT POSTOFFICE OF FATHER

Yt Motte

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Home laborer

(20) Number of children born to mother, including present birth

one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Marion Smith

(15) PRESENT POSTOFFICE OF MOTHER

Yt Motte

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22

(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

Given name added from a supplemental report

(26) Witness

Yt Motte  
(Signature of witness necessary only when question 23 is signed by mark)

(27) Filed

Dec 31, 1906

(28)

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.

MADE BY THE STATE OF SOUTH CAROLINA

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, S. C.