

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

43572

Registration District No.

3109

Registered No.

139

(For use of Local Registrar)

(No.

St.

Ward)

## (2) Full Name of Child

Davis

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lewis B. Davis

(9) PRESENT POSTOFFICE OF FATHER

Lexington St. Rt. 2

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Law Meeting

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Neula Smith

(15) PRESENT POSTOFFICE OF MOTHER

Lexington St. Rt. 2

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Lex

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. M. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lexington

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Jan 9 1913

(28)

MRS C. B. Taylor

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.

Registrar

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.

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

Law of Columbia