

Form No. 1

## (1) PLACE OF BIRTH

County of ReginaTownship of St. Andrew

or

Inc. Town of Andrews

or

City of

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

(2) Full Name of Child Paul Chester Davis

(3) SEX OF CHILD

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

July 5, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Davis

(9) PRESENT POSTOFFICE OF FATHER

Andrews, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Willemsburg Co., S.C.

(13) OCCUPATION

Butcher

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Davis

(15) PRESENT POSTOFFICE OF MOTHER

Andrews, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Willemsburg Co., S.C.

(19) OCCUPATION

Domestic

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

6

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) H. D. Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Andrews

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 15, 1923

(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.