

Form No. 1

(1) PLACE OF BIRTH

County of Haystack

Township of Haystack

Inc. Town of Andrews

City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 21.A.3

See 21024

File No. — For State Registrar Only  
**21039**

Registered No. 100  
(For use of Local Registrar)

(2) Full Name of Child Paul Chester Davis

(3) SEX OR SEXES <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 5 1923</u> (Name of Month) (Day) (Year)
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**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  
(Year)

(12) BIRTHPLACE Willemsburg Co., S.C.

(13) OCCUPATION Butcher

(20) Number of children born to mother, including present birth 6

**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  
(Year)

(18) BIRTHPLACE Willemsburg Co., S.C.

(19) OCCUPATION Domestic

(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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. D. Davis father

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Andrews S.C.

Given name added from a supplemental report

19  
Registrar

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

(27) Filed July 15 1923 (28) Paul Suley 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.

State of Columbia, Columbia, S. C.