

MAILED FEBRUARY 1916
 THIS IS A PERMANENT RECORD.

WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 6.

N. B.—McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Marion
 Township of Rowell
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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
46806

Registration District No. 320 Registered No. One
 (For use of Local Registrar)
 (2) Full Name of Child Sarah Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>One</u>	(5) Number in order of birth <u>One</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 17, 1916</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Davis</u>			(14) NAME BEFORE MARRIAGE <u>Louvenia Davis</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Marion County</u>			(18) BIRTHPLACE <u>Marion Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Whitney Davis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia SC

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 1/28 1916 (28) C. H. Wall 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.
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