

WHEN MAKING UP THIS IS A PERMANENT RECORD.

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(1) PLACE OF BIRTH

County of Marion

Township of Rowell

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.)

Registration District No. 320 Registered No. 091
(For use of Local Registrar)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
46806

(2) Full Name of Child Sarah Davis } If child is not yet named, make supplemental report as directed

| | | | | |
|--|---|---|--|--|
| (3) SEX 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>Edwards SC</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Edwards 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 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Whomez Davis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edwards 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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