

N. B.—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 3

(1) PLACE OF BIRTH

County of Charleston
 Township of Concord
 Inc. Town of
 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

3476

Registration District No. 1302

Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child

Stephens M. Davis

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth Third

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Feb. 22, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank B. Davis

(9) PRESENT POSTOFFICE OF FATHER

Summerton S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Manufacturer

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

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Morrison

(15) PRESENT POSTOFFICE OF MOTHER

Summerton S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 5:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. H. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Mar. 9, 1923

(28) J. E. ...
 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.

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