

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 Williamsburg
Township of
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. 13a Registered No. 98
(For use of Local Registrar)
(No. 460 Street 100 St.; 6 Ward)
(2) Full Name of Child James P. Davis If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan 19 1912</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>James P. Davis</u>			14) NAME BEFORE MARRIAGE <u>James P. Davis</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Williamsburg</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Williamsburg</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
12) BIRTHPLACE <u>Williamsburg, Va.</u>			18) BIRTHPLACE <u>Williamsburg, Va.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>4</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. B. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williamsburg, Va.

Given name added from a supplemental report
....., 19
Registral

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

(27) Filed 7/19/12 19 (28) W. Williams
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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