

Form No. 1

(1) PLACE OF BIRTH

Sumter

County of

Township ofPrivateer..

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Caroline Davis

File No. — For State Registrar Only

10322

CERTIFICATE OF BIRTH

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

4104

Registration District No. Registered No.

(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH 6-10-1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julius Davis(9) PRESENT POSTOFFICE OF FATHER Sumter, S.C. No. 2(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Bell Pack(15) PRESENT POSTOFFICE OF MOTHER Sumter, S.C. No. 2(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION

House and field work(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was all 10 8PM M.
on the date above stated. (How A. M. or P. M.)(23) (Signature) Dr. J. B. Pack(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Sumter, S.C. No. 2

Given name added from a supplemental report

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

6-15-1923.

(27) Filed

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(28)

Local Registrar

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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.