FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48549

(1) PLACE OF BIRTH
County of Chester
Township of Lewisville
or
Inc. Town of ..... Registration District No. 1206 Registered No. 20 (For use of Local Registrar)
or
City of ..... (No. ..... St. ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Girl Lucile Davidson — If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL?	(4) Twin or Triplet? (Make answer only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy	X	0	Yes	Oct	19	16

FATHER.

(8) FULL NAME Henry Davidson
(9) PRESENT POSTOFFICE OF FATHER Richburg S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emiline Beatty
(15) PRESENT POSTOFFICE OF MOTHER Richburg S C
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Chester Co
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eloise [illegible]
(24) State whether Physician or Midwife — Midwife
(25) Address — Lewisville S C

Given name added from a supplemental report
..... 191....
.....
Registrar

(26) Witness Frank Hicklin
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 1916 (28) [illegible]
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.

MAILING REGISTRARS SHALL SEND ALL BIRTH REPORTS TO STATE BOARD OF HEALTH, COLUMBIA, S. C.
MAILING THIS BLANK AS A POSTMASTER'S MESSAGE.
Postage on envelope for mailing this blank as a postmaster's use is ONE CENT.
Postage on envelope for mailing this blank for each child, and mark the envelope "BIRTH REPORT."
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