

(1) PLACE OF BIRTH

County of RICHLAND
 Township of LOWER
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
91654

Registration District No. 3803 Registered No. 407
 (For use of Local Registrar)

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec 29 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Walter Davis</u>	(14) NAME BEFORE MARRIAGE <u>Effie Wilson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Coryville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Coryville</u>
(10) COLOR OR RACE <u>NEGRO</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>NEGRO</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Laborer</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>Laborer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 9 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lupina Wright
 (24) State whether Physician or Midwife MIDWIFE (25) Address of Physician or Midwife Coryville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12/30 1916 (28) F. W. Smith 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.