

(1) PLACE OF BIRTH

County of GeorgetownTownship of Sixor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

89960

Registration District No. 2105Registered No. 87
(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 Millie 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 event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 20, 1916
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Sherman Davis</u>	(14) NAME BEFORE MARRIAGE <u>Julia Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Smiths Mills S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Smiths Mills S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Georgetown Co. S.C.</u>	(18) BIRTHPLACE <u>Williamsburg Co. S.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sherman Davis
(24) State whether Physician or Midwife Father Address of Physician or Midwife Smiths Mills S.C.Given name added from a supplemental report
(26) Witness E. R. Williams
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec. 21, 1916 (28) J. L. McCracken
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
MCGAW OF COLUMBIA, S. C.