

(1) PLACE OF BIRTH

County of MarionTownship of Howellor  
Inc. Town of Antoniaor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90905

Registration District No. 3206 Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child Lissy Davis { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 26 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 5 1917  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lester Davis(9) PRESENT POSTOFFICE OF FATHER Antonia SC Route #2(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Marion Co SC(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Bass(15) PRESENT POSTOFFICE OF MOTHER Antonia SC Route #2(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Marion Co SC(19) OCCUPATION House maid(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 2 M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Beau Collins  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. B. Grace  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1-6 1917 (28) CAI Way 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.