

(1) PLACE OF BIRTH

County of ColumbiaTownship of Franklin

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 Ruth Alva Davis

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 22, 23</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Joseph Davis</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Jacksonboro, S.C.</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)
(12) BIRTHPLACE <u>Dorchester County</u>		(13) OCCUPATION <u>Farmer</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Kate Perry</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jacksonboro, S.C.</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(18) BIRTHPLACE <u>Blountville, E.C.</u>		(19) OCCUPATION <u>Domestic</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>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alva 4 P. at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>E. H. Schumann</u>	(24) State whether Physician or Midwife	(25) Address of Physician or Midwife <u>Chapel Hill, S.C.</u>
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(26) Name added from a supplemental report

H. C. LilesJune 23, 1923

Registrar

(28) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (29) J. P. Johnson Jr. 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.