

## (1) PLACE OF BIRTH

County of Bethune  
 Township of Ellenton  
 or  
 Loc. Town of Ellenton  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registration District No. 506 Registered No. 6  
 (For use of Local Registrar)

File No. — For State Registrar Only  
**10038**

(2) Full Name of Child Miller Davis

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

3. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH April 19, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Ed Davis  
 9. PRESENT POSTOFFICE OF FATHER Myersville SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Banquet Co  
 (13) OCCUPATION Lumber Cutter

## MOTHER.

(14) NAME BEFORE MARRIAGE Edwita Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Ellenton SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Aiken Co  
 (19) OCCUPATION Cook  
 (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 Born at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lemuel Bourne  
 (24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Ellenton SC

Give name added from a supplemental report

(26) Witness W.B. Lassels  
 (Signature of Witness necessary only when question 22 is signed by Mark)  
 (27) Filed 5/1 1922 (28) W.B. Lassels 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.