

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Stephens
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10148

Registration District No. 705 Registered No. 42
 (For use of Local Registrar)

(2) Full Name of Child Wang Lu Davis If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? 2 (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH April 2, 1922
 (Named Month) (Day) (Year)

FATHER.

(8) FULL NAME Le Roy Davis
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE St. Stephens
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Davis
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE St. Stephens
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Jane Addison
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report.

(26) Witness Le Roy Davis
 (Signature of witness necessary only when question 23 is signed by mark)
 (27) Date April 2, 1922 (28) W. D. Ford 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.