

(1) PLACE OF BIRTH

County of *Yamoube*Township of *Hammond*

Inc. Town of

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 HealthRegistration District No. *3608*File No. *7* State Registrar Only

483

Registered No. *8*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child *Elva May Davis*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married *yes*(7) DATE OF BIRTH *Feb 1 1923*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm Davis*(9) PRESENT POSTOFFICE OF FATHER *Neeris S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *48*

(Year)

(12) BIRTHPLACE *Yamoube, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Hutto*(15) PRESENT POSTOFFICE OF MOTHER *Neeris S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *38*

(Year)

(18) BIRTHPLACE *Yamoube, S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Willie Livingston*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Neeris S.C.*

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 8 1923*

(28)

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.