

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

OF

Inc. Town of

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 Health

No. for State Registrar Only

17205

Registration District No. 1303 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

(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 1 (6) Are Parents Married No (7) DATE OF BIRTH July 9 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William H. Davis
(9) PRESENT POSTOFFICE OF FATHER Charleston
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Year)
(12) BIRTHPLACE Charleston
(13) OCCUPATION Physician
(14) NAME BEFORE MARRIAGE William H. Davis
(15) PRESENT POSTOFFICE OF MOTHER Charleston
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Year)
(18) BIRTHPLACE Charleston
(19) OCCUPATION Physician
(20) Number of children born to mother, including present birth 15
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Davis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston

(Given name added from a supplemental report)

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

(27) Filed July 9 1923 (28) W. H. Davis 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.

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