

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Greenville  
Township of Saluda  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

34764

Registration District No. 2212

Registered No. 19  
(For use of Local Registrar)

City of ..... (Name) ..... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child M. L. Davis

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>7</u> <u>12</u> <u>1922</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Mrs. Davis</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Clara Ward</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Saluda R#1</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Saluda R#1</u>		
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>22</u>	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>22</u>	(16) BIRTHPLACE <u>N.C.</u>
(17) OCCUPATION <u>Farmer</u>		(18) OCCUPATION <u>House wife</u>		
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mary High  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Saluda N.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)  
Mr. J. P. Smith

(26) Filed Dec 14 1922 (27) Local Registrar Chas. J. Smith

\*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.