

THESE PLACES ARE TO BE FILLED IN BY THE REGISTRAR FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Savannah
 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

251

Registration District No. 31

Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child J. C. Davis

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 28 1920
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. W. Davis

(9) PRESENT POSTOFFICE OF FATHER

Star S.C.

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Della Yeagin

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

6

(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 alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fannie Shiflet

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Star S.C. etc.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Feb 9 1922

(28)

L. A. Todd

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.