

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 6.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of Savannah
 or
 Inc. Town of

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)

City of (No. 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 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 20
 (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
 (20) Number of children born to mother, including present birth: 6

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
 (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 at 3:40 a.m. 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. Sta.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question is signed by mark)
 (27) Filed Feb 9 1922 by 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.