

(1) PLACE OF BIRTH

County of BurlingtonTownship of Antioch

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3566

Registration District No. 1500Registered No. 3

(For use of Local Registrar)

(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 Queen Louise Davis

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

(3) BOY OR GIRL 4

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 2, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Davis(9) PRESENT POSTOFFICE OF FATHER Durham Rt 1(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11(14) NAME BEFORE MARRIAGE Mattie Hall(15) PRESENT POSTOFFICE OF MOTHER Durham Rt 1(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 39

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION House wife(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 alive at 4 M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) M. J. McRae

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Nashville, TN

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 16, 1923

(28)

(29) M. J. McRae 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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