

(1) PLACE OF BIRTH

County of

Richland

Township of

*Lower*or
Inc. Town ofor
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

File No.—For State Registrar Only

32020

Registration District No. *3805*Registered No. *213*

(For use of Local Registrar)

2) Full Name of Child

Sallie Davis

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Sept 20, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Coleman Davis

(9) PRESENT POSTOFFICE OF FATHER

Con garee

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Laborer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Junior

(15) PRESENT POSTOFFICE OF MOTHER

Con garee

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *alive* at *8 Pm* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ausana Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Congaree SC

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Sept 25, 1922

(28)

arick

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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