

(1) PLACE OF BIRTH

County of MarionTownship of Rowellor
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

90906

Registration District No. 3206 Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 7 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Davis(9) PRESENT POSTOFFICE OF FATHER Marion R 4(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 4 (Years)(12) BIRTHPLACE Don't know(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Powell(16) PRESENT POSTOFFICE OF MOTHER Marion R 4(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 4 (Years)(19) BIRTHPLACE Don't know(20) OCCUPATION —(21) Number of children of this mother now living, including present birth all

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 4-AM,
on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)(23) (Signature) Chas. X. Rowell(24) State whether Physician or Midwife Physician or Midwife

Given name added from a supplemental report

(25) Witness R. B. Baker
(Signature of Witness necessary only when question 22 is signed by mark)(26) Filed 1906 (27) 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.