

(1) PLACE OF BIRTH

County of Darlington
 Township of High Hill
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41985

Registration District No. 1503 Registered No. 57
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Anna 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 Dec 1 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wash Davis
 (9) PRESENT POSTOFFICE OF FATHER Darlington
 (10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 48 (Years)
 (12) BIRTHPLACE Darlington
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth: 8

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Stephen
 (15) PRESENT POSTOFFICE OF MOTHER Darlington
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Darlington
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) Anna Williams
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from supplemental report

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

(27) Filed Jan 10 1923 (28) J. S. Howell Local Registrar

When there was no physician or midwife present, the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.