

(1) PLACE OF BIRTH

County of Chesterfield  
Township of Cole Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**48579**

Inc. Town of ..... or ..... Registration District No. 1202 Registered No. 5  
(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 ..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 31 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Jesse Davidson

(9) PRESENT POSTOFFICE OF FATHER Chesterfield S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE Chesterfield Co.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly May McLawrie

(15) PRESENT POSTOFFICE OF MOTHER Chesterfield S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE Anson Co. N.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:05 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Robert L. Hardwick M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chesterfield S.C.

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 Feb. 11, 1916 (28) J. A. Davis 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.

Registrar

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WHEN PLACED IN THIS SPACE, THIS CERTIFICATE IS VALID FOR THE STATE OF SOUTH CAROLINA. WHEN PLACED IN THIS SPACE, THIS CERTIFICATE IS VALID FOR THE STATE OF SOUTH CAROLINA. WHEN PLACED IN THIS SPACE, THIS CERTIFICATE IS VALID FOR THE STATE OF SOUTH CAROLINA.