

FORM NO. 1.

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**64247**

(1) PLACE OF BIRTH  
County of Fairfield S.C.  
Township of 12  
or  
Inc. Town of ..... Registration District No. 1211 Registered No. 33  
(For use of Local Registrar)  
or  
City of ..... (No. 1911 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 Leandy 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 16 1916  
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Lawrence Davis  
(9) PRESENT POSTOFFICE OF FATHER Wimershoe S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Fairfield S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Hester Foster  
(15) PRESENT POSTOFFICE OF MOTHER Wimershoe S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Fairfield S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) mid wife (25) Address of Physician or Midwife  
(24) State whether Physician or Midwife

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness Silvy Gladney  
(Signature of witness necessary only when question 23 is signed by mark)  
(27) Filed July 17 1916 (28) W. R. Aiken Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCraw of Columbia

\*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.