

FORM NO. 1.

(1) PLACE OF BIRTH

County of StephensTownship of 12Inc. Town of
or

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

64247

Registration District No. 1241 Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child

Leandy Davis

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 18</u> 19 <u>16</u>
To be answered only in case of Twin or Triplet.				(Name of Month) (Day) (Year)

FATHER.

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

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Hester Fester</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Winneshere</u>	
(16) COLOR OR RACE <u>Black</u>	
(18) BIRTHPLACE <u>Fairfield</u>	
(19) OCCUPATION <u>House wife</u>	
(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Silver Gladney

Given name added from a supplemental report

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

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.

McCauley, of Columbia.