

(1) PLACE OF BIRTH  
 County of Columbia  
 Township of Wyllins  
 or  
 Inc. Town of Wyllins  
 or  
 City of Wyllins  
 (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 Register

39704

Registration District No. 14.0.9 Registered No. 131  
 (No. of Registration Card or Certificate of Registration)  
 (No. of Hospital or Institution, if birth occurs in a hospital or other institution)

(2) Full Name of Child James Edward Davis If child is not yet named, make supplemental report as directed

(3) GENDER GIRL	(4) Title or Trunk To be answered only in event of Titles or Trunks	(5) Number in order of birth	(6) Age Present Received	(7) DATE OF BIRTH (Name of Month) <u>Dec</u> (Day) <u>8</u> (Year) <u>1920</u>
FATHER.				
(8) FULL NAME <u>John</u>	(9) PRESENT POSITION OF FATHER <u>Wyllins, SC</u>		(10) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(11) COLOR OR RACE <u>white</u>	(12) COLOR OR RACE <u>white</u>		(13) AGE AT LAST BIRTHDAY <u>white</u> (Years)	
(14) BIRTHPLACE <u>Delaware</u>	(15) BIRTHPLACE <u>Wyllins, SC</u>		(16) OCCUPATION <u>Domestic</u>	
MOTHER.				
(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH	(18) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH			

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

(20) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.  
 on the date above stated.  
 (Born alive or stillborn) Born alive Hour 9 A.M. M. or P. M.

(21) (Signature) Rexon Norman (22) Address of Physician or Midwife  
 (23) State whether Physician or Midwife Wyllins, SC Physician

Given name added from a supplemental report

(24) Witness John (Signature of Witness necessary only when question 23 is signed by mark)  
 (25) Filled out 10/13/31 (26) Received 10/13/31 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.

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