

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

32620

Registration District No. 4300

Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child. Cynthia 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

Take account only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 22, 1912

(Month) (Day) (Year)

FATHER

(8) FULL NAME

Walter Davis

(9) PRESENT POSTOFFICE OF FATHER

Honeyway S.C.

(10) COLOR OR RACE

Caucasian

AGE AT LAST BIRTHDAY

21

(Years)

(11) BIRTHPLACE

S.C.

(12) OCCUPATION

Farmer husband

MOTHER

(14) NAME BEFORE MARRIAGE

Mary Krassum

(15) PRESENT POSTOFFICE OF MOTHER

Honeyway S.C.

(16) COLOR OR RACE

Caucasian

AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 12 M. on the date above stated.

(23) (Signature)

Walter Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Honeyway S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

Walter Davis

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

July 22, 1912

(28)

L. L. And

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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