

(1) PLACE OF BIRTH

County of HenryTownship of Conway

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

Registration District No. 1502

File No.—For State Registrar Only

30722Registered No. 138

(For use of Local Registrar)

(2) Full Name of Child Alvinne Davis

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

| | | | | |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|
| (3) BOY OR GIRL <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Sept. 14, 1922</u> (Name of Month) (Day) (Year) |
|-----------------------------|--------------------------------|---------------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME James Davis(9) PRESENT POSTOFFICE OF FATHER Conway S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21 (Year)(12) BIRTHPLACE Henry Co S.C.(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Johnson(15) PRESENT POSTOFFICE OF MOTHER Conway S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE Conway S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7-A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Ellen Chappell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 19, 1922 (28) G. F. D. 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.
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.
McRAW OF COLUMBIA, COLUMBIA, S. C.