

(1) PLACE OF BIRTH

County of *Anderson*

Township of *Williamston*

or Town of *Peter*

or (City of) *Peter*

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

File No.—For State Registrar Only

71225

Registration District No. *3-D* Registered No. *88*
(For use of Local Registrar)

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

(3) BOY OR GIRL? *boy* (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? *ye* (7) DATE OF BIRTH *Aug. 10, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Lee Davis*

(9) PRESENT POSTOFFICE OF FATHER *Peter S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE *Green Hill County*

(13) OCCUPATION *Milk Wagon*

(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Dick Kn*

(15) PRESENT POSTOFFICE OF MOTHER *Peter S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE *Doub Kn*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Peter 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 *Sep. 11, 1916* (28) *Francis J. Peter* 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.

fifth month of pregnancy.

McGraw-Hill of Columbia