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1. PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of Summerton
 or
 City of S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1302

FILE No.—For State Registrar Only

0126

Registered No. 4

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)
 (If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD

Joseph Edward Davis

3. Boy or Girl Boy If Plural births 1 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth Dec. 17th, 1916
 5. Number, in order of birth one Full term yes (Month, day, year)

9. Full name FATHER
Harry Edward Davis

18. Full maiden name MOTHER
Mildred Rivera James

10. Residence (usual place of abode)
 (If non-resident, give place and State) Summerton S.C.

19. Residence (usual place of abode)
 (If non-resident, give place and State) Summerton S.C.

11. Color or race white 12. Age at last birthday 29 (Years)

20. Color or race white 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Summerton S.C.
 (State or country)

22. Birthplace (city or place) Florence S.C.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 7 or 8

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

28. If stillborn, period of gestation _____ (months) _____ (weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated.
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed Thos. Davis, M. D.)

or _____ Midwife

Give name added from a supplemental report.

Mrs. Mary A. M. M. M. Date Dec. 22
 Registrar.

Address Summerton S.C.
 Filed Jan. 22, 1917 by Mary A. M. M. Registrar.

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See Instructions on Back of Certificate)