

(1) PLACE OF BIRTH

County of FlorenceTownship of Law

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

7489

Registration District No. 2001 Registered No. 15
(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.)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</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>Jan. 19 1927</u> (Name of Month) (Day) (Year)
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FATHER.

5) FULL NAME John D. Davis9) PRESENT POSTOFFICE OF FATHER Law, Mo.10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)12) BIRTHPLACE La13) OCCUPATION Farming20) Number of children born to mother, including present birth 1 1 0

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Robinson(15) PRESENT POSTOFFICE OF MOTHER Norman(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE La(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hyman, J.

Given name added from a supplemental report:

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

(27) Filed Feb 2 5 1927 (28) 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.