

MARGIN REMAINING FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In the 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 1.

(1) PLACE OF BIRTH

County of Newberry  
Township of Floyd  
or  
Inc. Town of .....  
or  
City of .....

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

No. 11380

Registration District No. 2119 Registered No. 14  
(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 Catherine Davenport (If child is not yet named, make supplement as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH April 26 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Les Davenport  
(9) PRESENT POSTOFFICE OF FATHER Newberry  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
(Year)  
(12) BIRTHPLACE Newberry S  
(13) OCCUPATION Farm  
(14) Number of children born to mother, including present birth 3

MOTHER. Henning  
(14) NAME BEFORE MARRIAGE Lola Rebecca  
(15) PRESENT POSTOFFICE OF MOTHER Newberry S  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
(Year)  
(18) BIRTHPLACE Newberry S  
(19) OCCUPATION Home wife  
(20) 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 alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Ross Pope (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry

Given name added from a supplemental report

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

(27) Filed April 15 1923 (28) J. M. Floyd 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.