

(1) PLACE OF BIRTH
County of Chesterfield
Township of Christ Church
OF
Inc. Town of
OR
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

File No.—For State Register Only

722

Registration District No. 1203 Registered No. 16
(For use of Local Registrar)

2) Full Name of Child If child is not yet named, make supplemental report as directed

(1) BOY Male (2) Twin or Triplet? (3) Number in order of birth (4) Are Parents Married? Yes (5) DATE OF BIRTH Jan 6 22
(Month of Month) (Day) (Year)

FATHER

(6) FULL NAME Henry Jean Davis

(7) PRESENT POSTOFFICE OF FATHER Chesterfield R 1

(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 30 (Years)

(10) BIRTHPLACE S.C.

(11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth Three

MOTHER

(13) NAME BEFORE MARRIAGE Marjorie Gregg

(14) PRESENT POSTOFFICE OF MOTHER Chesterfield R-1

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 22 (Years)

(17) BIRTHPLACE S.C.

(18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(21) (Signature) Robert L. Hester (22) State whether Physician or Midwife Physician (23) Signature of Physician or Midwife Chesterfield

Given name added from a supplemental report
....., 192.....
.....
Registrar

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed Jan 12 1922 (26) M. S. Watson

*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.

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