

## (1) PLACE OF BIRTH

County of CharlestonTownship of Manning

Inc. Town of .....

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 Registrar Only

6573

Registration District No. 13.07... Registered No. 6.....  
(For use of Local Registrar)(2) Full Name of Child James Davis

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME Harry Davis9) PRESENT POSTOFFICE OF FATHER Manning S.C.10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)12) BIRTHPLACE Charleston13) OCCUPATION Farmer20) Number of children born to mother, including present birth 5

## MOTHER.

14) NAME BEFORE MARRIAGE May Park15) PRESENT POSTOFFICE OF MOTHER Manning S.C.16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)18) BIRTHPLACE Charleston19) OCCUPATION Housewife21) 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 alive at 9a M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Davis Station 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 Feb 24 1923 (28) A. J. White 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.