

(1) PLACE OF BIRTH

County of Orangeburg
Township of Iron
or
Inc. TOWN of.....
or
(City of

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

File No. - For State Registrar Only
29742

Registration District No. 3619 Registered No. 42
(For use of Local Registrar)

(City of (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 Joe Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? ye (7) DATE OF BIRTH Sept 17, 1927
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Harry Davis
(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE Orangeburg Co. SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Agnes Brown
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE Orangeburg Co. SC
(19) OCCUPATION Farm Work
(21) Number of children of this mother now living, including present birth 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 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Middleton
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report
.....
..... 19 ..
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10-3-27 at 2:30 by W.H. Duke 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.

REGISTRAR 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.