

## (1) PLACE OF BIRTH

County of Laurens

Township of .....

Inc. Town of .....

City of Laurens

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7558

Registration District No. 299Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Mary Francis Davis

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

(3) SEX OR <u>Female</u>	(4) Twin or Triplet <u>No</u> To be accurately in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16, 1923</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Bernard W Davis(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE Wharfedale(13) OCCUPATION Minister(14) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Davis Davis(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE Siler City N.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P.M.  
on the date above stated. (Time of day or stillborn) (Hour A. M. or P. M.)(22) (Signature) Chas. P. ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

LAURENS S.C.

(25) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 7/10 1923(28) Chas. P. ...

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.