

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

No. 1a.—For State Registrar Only
30067

Registration District No. 40-2 Registered No. 415
(For use of Local Registrar)

(No. 154 St. 2 Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.
Name of Child Gavin Davis If child is not yet named, make supplemental report as directed

(1) Twin or Triplet?
(2) Number in order of birth
To be covered only in case of Twins or Triplets
FATHER.

(3) Are Parents Married? Yes DATE OF BIRTH Sept. 12, 1923
(Name of Month) (Day) (Year)

(11) AGE AT LAST BIRTHDAY 33
(Years)
61 Nat St.
Cook
3

MOTHER.
(14) NAME BEFORE MARRIAGE Ella Davis
(15) PRESENT POSTOFFICE OF MOTHER 7 Nat St. 101
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 33
(Years)
(18) BIRTHPLACE
(19) OCCUPATION Cook
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at Am. M., Hour A. M. or P. M. on the date above stated.

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 154 Sims St.

See added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jan. 20
(27) Filed 10-1-23 Local Registrar.

There was no attending physician or midwife, then the father, householder, etc. should make this return. Child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.