

(1) PLACE OF BIRTH

County of Claudem
 Township of St. James
 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

3742

Registration District No. 13.0.9 Registered No.
 (For use of Local Registrar)

(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 Mary Francis (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Louis Francis (14) NAME BEFORE MARRIAGE Julia Francis

(9) PRESENT POSTOFFICE OF FATHER Davis (15) PRESENT POSTOFFICE OF MOTHER Davis

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
 (Years) (Years)

(12) BIRTHPLACE Claudem (18) BIRTHPLACE Claudem

(13) OCCUPATION Farming (19) OCCUPATION Horse & Breeding

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Antoine L. M. (24) State where Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed Feb 2, 1922 (28) 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.