

Form No. 1

(1) PLACE OF BIRTH

County of *Charleston*Township of *Allegan*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child *Alvie Davis*

File No.—For State Registrar Only

41620

Registration District No. Registered No.
(For use of Local Registrar)(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 22*
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME *Charles Davis*(9) PRESENT POSTOFFICE OF FATHER *McBee*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31*
(Year)(12) BIRTHPLACE *W*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*MOTHER. (14) NAME BEFORE MARRIAGE *Elizabeth Wingate*(15) PRESENT POSTOFFICE OF MOTHER *McBee*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28*
(Year)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(21) 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 *born alive or stillborn* at *4 P.M.* on the date above stated.(23) (Signature) *J. S. Davis*

(24) State whether 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 mark)

(27) Date *1-2-23* (28) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FULL PAGE CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.