

Form No. 1

(1) PLACE OF BIRTH

County of Wm. burg
 Township of Lane
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32658

Registration District No. 4308 Registered No. 80
 (For use of Local Registrar)

(2) Full Name of Child Ellen Davis

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

(3) BOY OR GIRL girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Peter Davis
 (9) PRESENT POSTOFFICE OF FATHER Salter's Depot, S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Williamsburg Co. S.C.
 (13) OCCUPATION Common Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Mazina Nelson
 (15) PRESENT POSTOFFICE OF MOTHER Salter's Depot, S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Williamsburg Co. S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2 (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 alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel Frierson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Salter's Depot, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 22 1922 (28) A. R. Moseley 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MARGIN RESERVED FOR BINDING

MO. OF COLUMBIA, COLUMBIA, S. C.