

(2) PLACE OF BIRTH

County of Cherokee, S.C.

Township of Cherokee, S.C.

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.)

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

Registration District No. 1203

(No. St.; Ward)

File No.—For State Registrar Only
23957

Registered No. 98

(For use of Local Registrar)

(2) Full Name of Child..... If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <i>Girl</i>	(8) Twin or Triplet? To be answered only in event of Twin or Triplet	(9) Number in order of birth	(10) Are Parents Married? <i>yes</i>	(11) DATE OF BIRTH <i>Aug 3 1933</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(12) FULL NAME <i>C. Lester Davis</i>	(13) PRESENT POSTOFFICE OF FATHER <i>Cheylerfield S.C.</i>		(14) NAME BEFORE MARRIAGE <i>Florence Beatrice</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Cheylerfield S.C.</i>
(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>39</i> (Years)	(18) COLOR OR RACE <i>white</i>	(19) AGE AT LAST BIRTHDAY <i>38</i> (Years)	(20) BIRTHPLACE <i>S.C.</i>
(21) BIRTHPLACE <i>S.C.</i>	(22) OCCUPATION <i>Farmer</i>		(23) OCCUPATION <i>Housewife</i>	
(24) Number of children born to mother, including present birth <i>11</i>			(25) Number of children of this mother now living, including present birth <i>11</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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(22) I hereby certify that I attended the birth of this child, who was ... at 5-39 P.M. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(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) Filed 12/9/74 (28) 12/9/74 Local Report

*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.