

(1) PLACE OF BIRTH

County of Spaulding
 Township of Rudwell
 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
26313

Registration District No. 4007 Registered No. 32
 (For use of Local Registrar)

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

(2) Full Name of Child Garver Wilton Davis

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 25-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Leagne Davis

(9) PRESENT POSTOFFICE OF FATHER Green S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year)

(12) BIRTHPLACE Spaulding Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lula May Burnett

(15) PRESENT POSTOFFICE OF MOTHER Green S C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (Year)

(18) BIRTHPLACE Spaulding Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R L Marchant - M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Green S C

Given name added from a supplemental report

(26) Witness (Signature of Witness) [Signature]
 when question 23 is filled in

(27) Filed April 23-23 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.

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