

IN CASE OF TWINS OR TRIPLETS, WITH UNFADING INK—FILL IN 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.

(1) PLACE OF BIRTH
County of Georgetown
Township of St. James
or
Inc. Town of
or
City of (No. St.; Ward)
(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

File No.—For State Registrar Only
4214

Registration District No. 7.1.8.2 Registered No. 2.2
(For use of Local Registrar)

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

(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents married? Yes (7) DATE OF BIRTH Feb. 18, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Davis</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Harvin</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Andrews SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(12) BIRTHPLACE <u>Georgetown Cong SC</u>	(18) BIRTHPLACE <u>Georgetown Cong SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Johnson Midwife
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Andrews SC

Given name added from a supplemental report

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

(27) Filed Feb. 25, 1922 (28) W. B. Bailey 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.

RECEIVED OF COLUMBIA, S. C.