

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

File No. — For State Registrar Only

15006

Registration District No. 4000

Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE

BIRTH

(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME

Roth Spencer Davis

(9) PRESENT POSTOFFICE OF FATHER

M. McCormick

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

Derham, N.C.

(13) OCCUPATION

Lawyer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Frances Paul

(15) PRESENT POSTOFFICE OF MOTHER

M. McCormick

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

Newberry

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, at 11:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(28) Witness

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

(27) Filed

Mar 10 1923

(29) P. A. Mathison

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.