

(1) PLACE OF BIRTH

County of YorkTownship of Rock HillInc. Town of Rock HillCity of Rock Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32711

Only

Registration District No. 444 Registered No. 185-
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child Wheesac Davis If child is not yet named, make
supplemental report as directed(3) SEX OF CHILD Boy(4) Twin
or Triplet? No(5) Number in
order of birth 1
Is this child first or last birth?

FATHER

(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Sept. 21, 1921
(Year, Month, Day)

MOTHER

(8) FULL
NAME Agie Davis(9) PRESENT
POSTOFFICE
OF FATHER Rock Hill, S.C.(10) COLOR
OR
RACE Colored(11) BIRTHPLACE Rock County(12) OCCUPATION Labored(13) NAME BEFORE
MARRIAGE Danie McBright(14) PRESENT
POSTOFFICE
OF MOTHER Rock Hill, S.C.(15) COLOR
OR
RACE Colored(16) BIRTHPLACE Rock County(17) OCCUPATION Domestic(18) BIRTHPLACE Rock County(19) OCCUPATION Domestic(20) OCCUPATION Domestic(21) Number of children born to
mother, including present birth 1(22) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Alive at 10:30 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Eliza Macon(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Rock Hill, S.C.Given name added from a supplement-
al report(26) Witness J. R. Miller(Signature of Witness necessary only
when question 23 is signed by him/her)(27) Filed 10/11/1921(28) Local Registrar J. R. Miller

*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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