

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Mill Creek  
 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

20708

Registration District No. 257 Registered No. 31  
 (For use of Local Registrar)

City of..... (No. .... 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 Austin Davis If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 15, 1922  
 To be answered only in event of Twins or Triplets (Same of Month (Day) (Year))

FATHER. (8) FULL NAME Austin Davis MOTHER. (14) NAME BEFORE MARRIAGE Lottie Thomas

9) PRESENT POSTOFFICE OF FATHER Aiken S.C. (15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25  
 (Years) (Years)

(12) BIRTHPLACE Aiken Co S.C. (18) BIRTHPLACE Aiken Co S.C.

(13) OCCUPATION Farming (19) OCCUPATION Housewife

20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 20 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Grace Caberson (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 July 15, 1922 (28) F. N. Coates 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.