

THIS IS A PERMANENT RECORD.
 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		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 3572	
County of <u>Lexington</u> Township of <u>Marion</u> or Inc. Town of City of		Registration District No. <u>10-23</u>		Registered No. <u>20</u> (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 <u>Lee Davis</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 27 1923</u>	
To be answered only in event of Twins or Triplets				DISTRICT (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Davis</u>			(10) NAME BEFORE MARRIAGE <u>Minnie Triskill</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S. C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S. C.</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(16) BIRTHPLACE <u>Madison Co. N.C.</u>			(17) BIRTHPLACE <u>Cherokee Co. S.C.</u>		
(18) OCCUPATION <u>Textile Oper</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11:30 A.M.</u> on the date above stated. (When alive or stillborn) (Hour and P. M.)					
(23) (Signature) <u>J. V. Carter</u>					
(24) State whether Physician <u>Physician</u> (25) Address of Physician <u>Gaffney, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed) <u>H. H. Pitchard</u>		
(27) Filed <u>Feb 15 1923</u> Registrar			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.					

Revised by Columbia, Columbia, S. C.