

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS 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 Newberry
Township of Floyd
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

43818

Registration District No. 3403 Registered No. 65
(For use of Local Registrar)

(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 Michael Louise Davenport If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? One (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 12-2-1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. Jefferson Davenport

(9) PRESENT POSTOFFICE OF FATHER Kinards S.C. R#1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Newberry Co. S.C.

(13) OCCUPATION Farm laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Elizabeth Pitts

(15) PRESENT POSTOFFICE OF MOTHER Kinards S.C. R#1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE Newberry S.C.

(19) OCCUPATION House Keeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:45 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W.D. Davenport

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry S.C. R#1

Given name added from a supplemental report

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

(27) Filed Dec 11 1922 (28) J. H. Dwyer 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.
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