

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**83851**

(1) PLACE OF BIRTH  
 County of Williamsburg  
 Township of Johns  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 4304 Registered No. 137  
 (For use of Local Registrar)

(2) Full Name of Child Alex Davis } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Y (7) DATE OF BIRTH Oct. 16 1926  
(Name of Month) (Day) (Year)  
To be answered only in case of Twins or Triplets

**FATHER.**  
 (8) FULL NAME James Davis  
 (9) PRESENT POSTOFFICE OF FATHER Hampton  
 (10) COLOR OR RACE Neg (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Williamsburg County  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 10

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Rebecca Howe  
 (15) PRESENT POSTOFFICE OF MOTHER Hampton  
 (16) COLOR OR RACE Neg (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Hampton  
 (19) OCCUPATION Farm Hand  
 (21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Blanch G. Ann  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton

Given name added from a supplemental report \_\_\_\_\_, 1926  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by parent)  
 (27) Filed Oct 16 1926 (28) L. K. G. C. 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.

FORM NO. 1  
 MARGEN RESERVED FOR BLENDING  
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MacCaw of Columbia.