

(1) PLACE OF BIRTH  
County of Marion  
Township of Lytle  
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  
**90886**

Registration District No. 3202 Registered No. 114  
(For use of Local Registrar)

(No. St.; Ward)  
City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? / (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25-1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Presley Davis  
(9) PRESENT POSTOFFICE OF FATHER Centenary  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Centenary SC  
(13) OCCUPATION Farm labour  
(14) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Annie Williams  
(15) PRESENT POSTOFFICE OF MOTHER Centenary  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Centenary SC  
(19) OCCUPATION Farm labour  
(21) Number of children of this mother now living, including present birth 3

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

(22) I hereby certify that I attended the birth of this child, who was alive at 12-15 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Samuel H. Davis  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centenary SC

Given name added from a supplemental report

191

Registrar

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

(27) Filed Jan 1-1917 (28) W. H. Hays 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.

\*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.