

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Parham
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
63060

Registration District No. 311 Registered No. 44
 (For use of Local Registrar)
 St.; Ward
 City of
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Edward Davis

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1
 (6) Is child married? No (7) DATE OF BIRTH June 14, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Davis(9) PRESENT POSTOFFICE OF FATHER Starr, SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38
 (Years)(12) BIRTHPLACE Ga(13) OCCUPATION farm hand(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Finney Harris(15) PRESENT POSTOFFICE OF MOTHER Starr, SC(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
 (Years)(18) BIRTHPLACE Anderson Co SC(19) OCCUPATION field hand(20) 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 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Crawford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed J. A. Jones (28) 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.

MAKING RECORDS OF THE BIRTHS OF CHILDREN IN THE STATE OF SOUTH CAROLINA. THIS IS A PERMANENT RECORD. 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.