

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Millwood
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

31756

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

City of (No. 3617 St. 89 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 21 19 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jose Davis
 9) PRESENT POSTOFFICE OF FATHER Norris
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 23 (Years)
 12) BIRTHPLACE S. C.
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Anna Jordan
 15) PRESENT POSTOFFICE OF MOTHER Norris S. C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 25 (Years)
 18) BIRTHPLACE S. C.
 19) OCCUPATION Farmer

20) Number of children born to mother, including present birth 2 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed Sept 21 19 22 (28) J. A. Price 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.