

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Chapman State of South Carolina
 Township of St. George State Board of Health

File No. — 10-200-10000
593

Inf. Town of Registration Number 999 Registered No. 6
 or
 City of New York (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL? <u>Boy</u>	(2) Twin or Triplet? <u>No</u>	(3) Number in order of birth <u>1st</u>	(4) Age Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Jan 9</u> (Year of Month) (Day) (Year)
(6) FULL NAME <u>Lex Bee Davis</u>		(7) NAME BEFORE MARRIAGE <u>Elizabeth Mary Lloyd</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Thayer Road, S. C.</u>		(9) PRESENT POSTOFFICE OF MOTHER <u>Thayer Road, S. C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(14) BIRTHPLACE <u>Collegeville, Tenn.</u>		(15) BIRTHPLACE <u>Cherokee, N.C.</u>		
(16) OCCUPATION <u>farmer</u>		(17) OCCUPATION <u>farmer</u>		
(18) Number of children born to mother, including present birth <u>4</u>		(19) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 1:50 P.M. on the date above stated.

(21) (Signature) [Signature]
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife North Charleston, S.C.

Given name added from a supplemental report

(24) Witness
 (Signature of Witness necessary only when question 20 is signed by parent)

(25) Filed Jan 15 1909 by L. F. Myers
 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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