

## (1) PLACE OF BIRTH

County of LexingtonTownship of Waller Creekor  
Inc. Town of  
or

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

86530

Registration District No. 3108 Registered No. 31  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Dorothy May Davis ... If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 25, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frederic S. Davis(9) PRESENT POSTOFFICE OF FATHER Gilbert S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Davis(15) PRESENT POSTOFFICE OF MOTHER Gilbert S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Dr. J. L. S. Hall(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Gilbert S.C.

Given name added from a supplemental report

, 191...

Registrar

(26) Witness J. L. S. Hall  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 11 1914 (28) J. L. S. Hall 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. 10. MARGIN RESERVES FOR PRINTING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE N. H.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.