

File No.—For State Registrar Only  
72812

(1) PLACE OF BIRTH  
County of Florence  
Township of Haruck  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(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

Registration District No. 2016 Registered No. 26  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James Davis

(9) PRESENT POSTOFFICE OF FATHER Scranton

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49 (Years)

(12) BIRTHPLACE Sampson N. Car.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Myers

(15) PRESENT POSTOFFICE OF MOTHER Scranton

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 75 (Years)

(18) BIRTHPLACE Florence

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife, Amanda Myers

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

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed Aug 6 1916 (28) W. H. Boston  
Local Registrar

MARGIN RESERVED FOR BINDING.  
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.  
McCaw, of Columbia.

\*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.