

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.

<b>(1) PLACE OF BIRTH</b> County of <u>F. Laurence</u> Township of <u>Harmon</u> 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.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>72812</b>	
		Registration District No. <u>2016</u>		Registered No. <u>26</u> (For use of Local Registrar)	
<b>(2) Full Name of Child</b> <u>Josaphen Davis</u>					
<b>(3) BOY OR GIRL</b> <u>Boy</u>		<b>(4) Twin or Triplet?</b> <u>No</u> <small>To be answered only in case of Twins or Triplets</small>		<b>(5) Are Parents Married?</b> <u>Yes</u>	
		<b>Number in order of birth</b>		<b>(7) DATE OF BIRTH</b> <u>Aug. 28</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>	
<b>FATHER.</b>			<b>MOTHER.</b>		
<b>(8) FULL NAME</b> <u>James Davis</u>			<b>(14) NAME BEFORE MARRIAGE</b> <u>Jane Myers</u>		
<b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Scranton</u>			<b>(15) PRESENT POSTOFFICE OF MOTHER</b> <u>Scranton</u>		
<b>(10) COLOR OR RACE</b> <u>Black</u>		<b>(11) AGE AT LAST BIRTHDAY</b> <u>49</u> (Years)		<b>(16) COLOR OR RACE</b> <u>Black</u>	
				<b>(17) AGE AT LAST BIRTHDAY</b> <u>35</u> (Years)	
<b>(12) BIRTHPLACE</b> <u>Sampson N. Car.</u>			<b>(18) BIRTHPLACE</b> <u>F. Laurence</u>		
<b>(13) OCCUPATION</b> <u>Farming</u>			<b>(19) OCCUPATION</b> <u>Farming</u>		
<b>(20) Number of children born to mother, including present birth</b> <u>8</u>			<b>(21) Number of children of this mother now living, including present birth</b> <u>8</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
<b>(22) I hereby certify that I attended the birth of this child, who was</b> <u>alive</u> <b>at</b> <u>9</u> <b>A. M.</b> <b>on the date above stated.</b> <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
<b>(23) (Signature)</b> <u>Midwife Amanda Myers</u>					
<b>(24) State whether Physician or Midwife</b>			<b>(25) Address of Physician or Midwife</b>		
Given name added from a supplemental report ..... 191..... ..... Registrar			<b>(26) Witness</b> <u>Addie Hayes</u> <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> <b>(27) Filed</b> <u>Aug 30</u> 191 <u>6</u> <b>(28)</b> <u>W. H. Boston</u> 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.