

1. 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 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>York</u>		STATE OF SOUTH CAROLINA		4193	
Township of <u>Bayboro</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2.5.411</u>		Registered No. <u>1.7</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Miriam S. Davis</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 24, 1923</u>	
To be answered only in case of Twins or Triplets				(Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Douglas S. Davis</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Loris S. C. P. - 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Loris S. C. P. - 1</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Harry Co. S. C.</u>			(18) BIRTHPLACE <u>Harry Co. S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9:00 A. M.</u> on the date above stated.					
(23) (Signature) <u>H. C. G. G. G. G.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Albion S. C.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Date <u>Mar. 5, 1923</u> (28) Local Registrar <u>J. E. Davis</u>					

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.