

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2294

Registration District No. 3706

Registered No. 13
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Jan 20 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Charles Arthur Davis

(9) PRESENT POSTOFFICE OF FATHER

Pickens, SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

36
(Years)

(12) BIRTHPLACE

Pickens Co

(13) OCCUPATION

Textile Operative

MOTHER

(14) NAME BEFORE MARRIAGE

Susie Holcombe

(15) PRESENT POSTOFFICE OF MOTHER

Pickens, SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Pickens, SC

(19) OCCUPATION

Housewife

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

14

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

J. L. Valley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

18

(28)

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.