

## (1) PLACE OF BIRTH

County of Pastorburg  
 Township of Cherokee  
 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

16719

Registration District No. W-2-B Registered No. 35  
 (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 Ruth Davis If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 31 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Miss Davis  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Reeves  
 (15) PRESENT POSTOFFICE OF MOTHER .....  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A. M., (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) W. W. Painter  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. W. Painter, S. C. R. 2

Given name added from a supplemental report

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

(27) Filed May 1922 (28) W. W. Painter 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.