

(1) PLACE OF BIRTH

County of OrangeburgTownship of Good Land

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

16211

Registration District No. 3647Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Rutha Davis
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 2 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME: Davis Davis(9) PRESENT POSTOFFICE OF FATHER Springfield(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE Se(13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Blanca W. W. W. W.(15) PRESENT POSTOFFICE OF MOTHER Springfield(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Se(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Gula Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

(26) Witness John Davis

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

(27) Filed May 1922(28) S. M. Larrant

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.