

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of Hudsonor
City of St. (No. 109 Hudson St.)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17745

Registration District No. 22A Registered No. 306

(For use of Local Registrar)

(2) Full Name of Child Sorley Davis

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 27, 1913 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Lovelock(9) PRESENT POSTOFFICE OF FATHER Hudson St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Shenandoah St(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Young(15) PRESENT POSTOFFICE OF MOTHER Hudson St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Hudsonville St(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo T Warner

(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 June 28, 1913 (28) C. L. Smith 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.

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