

MARGIN RESERVED FOR BIRTHING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—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 5.

(1) PLACE OF BIRTH

County of Abbeville
Township of Long Cone
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
32830

Registration District No. 107 Registered No. 5-1
(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 Margie May Davis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 25, 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jim Davis
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 49
(12) BIRTHPLACE
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Willie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
(18) BIRTHPLACE
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Anna Eakin (24) State whether Physician or Midwife Midwife (25) Address of Phys: or Midwife Donalds, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 11, 22 (28) EK Miller 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.