

## (1) PLACE OF BIRTH

County of *Calhoun*  
Township of *Caweah*or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *801*

File No.—For State Registrar Only

41149

Registered No. *127*  
(For use of Local Registrar)

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

(2) Full Name of Child *Gracie Davis*

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

3) BOY OR GIRL? <i>Girl</i>	4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH. <i>Dec 28, 22</i> (Name of Month) (Day) (Year)
-----------------------------	--	-----------------------------	------------------------------------	---

## FATHER.

3) FULL NAME *Jackie Davis*5) PRESENT POSTOFFICE OF FATHER *H. H. D. H. H.*10) COLOR OR RACE *Colo* (11) AGE AT LAST BIRTHDAY *53*  
(Years)12) BIRTHPLACE *S.C.*1. OCCUPATION *Ham hane*20) Number of children born to mother, including present birth *12*

## MOTHER.

14) NAME BEFORE MARRIAGE *Linda White*15) PRESENT POSTOFFICE OF MOTHER *H. H. D. H. H.*16) COLOR OR RACE *Colo* (17) AGE AT LAST BIRTHDAY *42*  
(Years)18) BIRTHPLACE *S.C.*19) OCCUPATION *Ham hane*21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary X. Goffey*  
(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 *Dec 31, 22* (28) *J. H. Murphy* 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.

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.

RECEIVED FOR RECORDING  
WITH UNPAID FINE—THIS IS A PERMANENT RECORD  
IN CASE OF DEATH OR STILLBIRTH, No. 1. THIS OFFICE, No. 2, etc. in question 3.  
MEDICAL OFFICE, COLUMBIA, S. C.