

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or  
City of

(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

23983

Registration District No. 4009

Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child, Alice Mattie Davis

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 11, 1922

FATHER.

(8) FULL NAME

Grover Davis

(9) PRESENT POSTOFFICE OF FATHER

Woodruff

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Swinn

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Dancer

(20) 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 Alive at 11:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

Aug 8, 1922

(28)

Chas. L. Boyter

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.

WITH UNREADING INK—THIS IS A PERMANENT RECORD.

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.

McGraw-Hill, New York, N. Y.

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