(1) PLACE OF BIRTH

County of Marion

Township of Lynchburg

or

Inc. Town of ..... Registration District No. 2002 Registered No. 3

or (For use of Local Registrar)

City of ..... (No. ....., ... St.; ..... Ward)

(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
46794

(2) Full Name of Child ..... Johnnie Davis ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy | (4) Twin or Triplet? | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? yes | (7) DATE OF BIRTH Jan. 18 (Name of Month) (Day) 1916 (Year)

FATHER.	MOTHER.
(8) FULL NAME Ellet Davis.	(14) NAME BEFORE MARRIAGE Susie Davis
(9) PRESENT POSTOFFICE OF FATHER Marion, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Marion, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Marion County.	(18) BIRTHPLACE Centenary, S.C.
(13) OCCUPATION Farming Tobacco	(19) OCCUPATION Farming Tobacco
(20) Number of children born to mother, including present birth 2	(21) 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 bornalive (Born alive or stillborn) at 6 o'clock A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Midwife. Ellen Williams. Marion SC

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Marion S.C.

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 Jan 28 1916 (28) J. P. Alford 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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.