

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Georgetown  
 Township of .....

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
72844

Inc. Town of ..... Registration District No. 2107 Registered No. 36  
 or ..... (For use of Local Registrar)  
 City of Georgetown (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 Emilia 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 26 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Samuel Davis  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Common Laborer  
 (20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Setta Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (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 born alive at Sumter S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
Emilia Davis, 191.....  
 Registrar

(26) Witness Deiana Chase  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 30 1916 (28) W. W. Myler 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.

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.  
 McCay, of Columbia.