

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Shindler  
 or  
 Inc. Town of Round S.  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

18286

Registration District No. 1409 Registered No. 1  
 (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.)

(2) Full Name of Child Ella 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? yes 7 DATE OF BIRTH June 11, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Preston Davis  
 9 PRESENT POSTOFFICE OF FATHER Round  
 10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ..... (Years)  
 12 BIRTHPLACE Round  
 13 OCCUPATION Farmer  
 20 Number of children born to mother, including present birth .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Shellie Chisler  
 (15) PRESENT POSTOFFICE OF MOTHER Round S.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY ..... (Years)  
 (18) BIRTHPLACE .....  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Lizzie Small midwife  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Round 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 July 8, 1922 (28) Mrs. Annie Williams 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.

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.