

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only

12088

Registration District No. 3304 Registered No. 448
 (For use of Local Registrar)

(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 Isaac Andrew Davis Jr. (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? 7. DATE OF BIRTH June 17 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Isaac Davis
 9. PRESENT POSTOFFICE OF FATHER
 10. COLOR OR RACE 11. AGE AT LAST BIRTHDAY 25 (Years)
 12. BIRTHPLACE
 13. OCCUPATION
 14. Number of children born to mother, including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Caroline Davis
 15. PRESENT POSTOFFICE OF MOTHER
 16. COLOR OR RACE 17. AGE AT LAST BIRTHDAY 23 (Years)
 18. BIRTHPLACE
 19. OCCUPATION
 20. 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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)
 (23) (Signature) Isaac Davis
 (24) State whether Physician or Midwife Physician (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 Apr 11 1922 (28) W. H. Woodley Local Registrar

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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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