

REGISTRATION DISTRICT

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

43965

City of Jennville C

County of Richland

or Town of

Registration District No. 2211 Registered No. 2

(For use of Local Registrar)

or (No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child George M. Davis If child is not yet named, make supplemental report as directed

SEX OF CHILD	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
				<u>Dec. 17, 1933</u>

(Name of Month) (Day) (Year)

FATHER

FULL NAME Chas Davis

PRESENT RESIDENCE Jennville S.C.

COLOR OR RACE Col (22) AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Jennville Co

OCCUPATION Farmer

Number of children born to father, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Ada King

(15) PRESENT RESIDENCE OF MOTHER Jennville S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Jennville Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born normal at 9:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Shirley C. Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Jennville S.C.

Name added from a supplemental report

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

(27) Filed Nov. 1, 1934 (28) S. J. Wilson Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

USE NO ATTENDING PHYSICIAN OR MIDWIFE