

Form No. 1

(1) PLACE OF BIRTH

County of JasperTownship of Coastalago

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

30792

Registration District No. 7601 Registered No. 64
(For use of Local Registrar)

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

(2) Full Name of Child Jos. T. Davis

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9-23-05</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Willie Davis(9) PRESENT POSTOFFICE OF FATHER Coastalago(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49
(Year)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Elsie Murray(15) PRESENT POSTOFFICE OF MOTHER Coastalago(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bonnie at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary X Murray(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coastalago

Given name added from a supplemental report

(26) Witness R. P. W. Roberts Jr.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-25-05 at Coastalago 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.

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.

DEPARTMENT OF COLUMBIA, S. C.