

(1) PLACE OF BIRTH

County of Kershaw

Township of Buffalo

or Town of

City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

4292

Registration District No. 2700 Registered No. 15
(For use of Local Registrar)

(No. of Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child Dr. Louise B. Davis If child is not yet named, make supplemental report as directed

(3) SEX OR

Female

(4) Twin or triplet?

FATHER.

(5) Number in order of birth

To be entered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Feb. 13, 1923
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) 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 White (Born alive or stillborn) Discour A. M. or P. M.
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

May 14, 1923
Louise B. Davis

(26) Signature of Witness necessary when question 22 is signed by mother
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 shall not be a stillborn. No report is desired of stillbirths before the month of pregnancy.