

(1) PLACE OF BIRTH

County of MarlboroTownship of Hebron

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4601

Registration District No. 3324Registered No. 24
(For use of Local Registrar)(2) Full Name of Child Robert M. Davis

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

3. BOY OR GIRL Boy4. Twin or Triplet -5. Number in order of birth -6. Are Parents Married yes7. DATE OF BIRTH Feb. 4, 1923

(Name of Month) (Day) (Year)

FATHER

8. FULL NAME Dave Struter9. PRESENT POSTOFFICE OF FATHER Blis S.C.10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 3812. BIRTHPLACE S.C.13. OCCUPATION Labourer20. Number of children born to mother, including present birth 17

MOTHER

14. NAME BEFORE MARRIAGE Bertha Leak15. PRESENT POSTOFFICE OF MOTHER Blis S.C.16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 2018. BIRTHPLACE M.C.19. OCCUPATION Labourer21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 404 M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) J. J. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blis S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed March 1, 1923 (28) J. J. ... 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.

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