

(1) FRANCHISE OF BIRTH

CERTIFICATE OF BIRTH

No. 11. - For State Register Only

(1) FRANCHISE OF BIRTH

STATE OF SOUTH CAROLINA.

CERTIFICATE OF BIRTH

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Bureau of Vital Statistics

State Board of Health

No. 11. - For State Register Only

3369

County of CharlestonTownship of Charleston

Inc. Town of

City of

Registration District No. 1102Registered No. 11

(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 Robert Mitchell Davis Jr.

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

(1) SEX Male (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7 23

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER Robert M. Davis(14) NAME BEFORE MARRIAGE Mary Beahm(9) PRESENT POSTOFFICE OF FATHER 2503 Taylor St. Columbia(15) PRESENT POSTOFFICE OF MOTHER 2503 Taylor St. Columbia(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Deer Co.(18) BIRTHPLACE Charleston Co.(13) OCCUPATION R.R. Engineer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) 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 born 2 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. W. W.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 3/1/23 (28) J. H. M. C. W. 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.

N. B.—In case of twins or triplets use a SEPARATE BLANK for each child and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.