

Form No. 3

## (1) PLACE OF BIRTH

County of FluenceTownship of 11or  
Inc. Town of hor  
City of h

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 28241 — For State Registrar UseRegistration District No. 2000 Registered No. 292  
(For use of Local Registrar)(No. h ..... St. h ..... Ward h .....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Alice Davis (If child is not yet named, make supplemental report as directed)

(3) SEX OR GUILD <u>girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at birth <u>40</u>	(7) DATE OF BIRTH <u>Sept. 10, 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robert Ashley  
(9) PRESENT POSTOFFICE OF FATHER Fluence, S. C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Year)  
(12) BIRTHPLACE A. C.  
(13) OCCUPATION —

## MOTHER.

(14) NAME BEFORE MARRIAGE Marion S. Davis  
(15) PRESENT POSTOFFICE OF MOTHER Fluence, S. C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)  
(18) BIRTHPLACE Marion, S. C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Fluence, S. C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Sept. 16, 1923(28) P. H. Davidson 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.